CHILD DEVELOPMENT PROJECT

PHASE III

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CHILD DEVELOPMENT PROJECT
PHASE III
1970-71

Western Pennsylvania School for Blind Children
and
Pennsylvania Department of Education

Narrative Evaluation
by
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I. INTRODUCTION

In response to the need for expanded services for multiply handicapped blind children who present complicated learning problems, a two-week pilot project, Phase I of the Child Development Projects, was sponsored by the Western Pennsylvania School for Blind Children in July, 1969 for seventeen such children and their parents. The pilot project identified the need for an objective and systematic procedure for developing individualized instructional programs for multiply handicapped blind children. Objectives of the pilot project included the collection of educationally relevant medical and psycho-social data from reports of specialists at the Developmental Clinic of Children's Hospital of Pittsburgh and educational assessments at the School for each child. This information was utilized to implement the Blind Multiply Handicapped Project, Phase II, during the school calendar year 1969-70. The medical and psycho-social reports provided information concerning each child's avenue for sensory input and helped to determine reversible and irreversible physical conditions. Clinic specialists were able to alleviate physiological barriers to learning for some of the children. By utilizing developmental scales and tests organized for the educational assessments at the School, each child's performance in the educationally relevant areas of orientation and mobility, communication skills, academic achievement, self-care skills, and socialization was recorded to determine behaviorally-oriented tasks he had

mastered and to design his individualized instructional program for those he had not mastered.

Children who previously did not respond to academic demands in the regular classroom, or who would otherwise have been denied admission to the School, mastered educational and social tasks of increasing difficulty. New channels of learning were discovered and developed. Learning was made a rewarding and pleasant experience by means of behavior modification techniques. Many problems had to be solved in order to integrate the programs for the multiply handicapped children into the School's structure. However, Phase II demonstrated the importance of modifying instructional organization for children who do not profit from regular classroom teaching.

The implementation of this Project, Phase III, The Child Development Project, in 1970-71 involved the further development of individualized programs for multiply handicapped children who previously participated in the Title I projects and for additional multiply handicapped children who were admitted to the School. The project emphasized the need to utilize diagnostic services, objective development and educational assessments, and stimulation and positive reinforcement techniques. It stressed the importance of intervention to encourage the emotional and preacademic development of visually impaired children as early in their lives as possible. The evaluation of Phase III indicated that multiply handicapped children continued to accomplish tasks of increasing difficulty in one or more educational areas. These accomplishments required many deviations and changes from the School's regular procedures and programs. The 1970-71 Title I Project served as a proving ground for the School's commitment to programs for multiply

handicapped children. Great modifications were made in the School's instructional approach and increased medical and psycho-social services were brought into the School from many community-related agencies. The project director was employed as educational director of the Lower School of Western Pennsylvania School for Blind Children for 1971-72. Her plans for Phase IV of the Child Development Project for 1971-72 include the development of an evaluation center for visually impaired children from infancy to ten years of age, the organization of a resource room and an open classroom, and the continuation of individualized programs for multiply handicapped children based on their previous successful performances and/or their medical and psycho-social information and educational assessments.

II. STUDENT POPULATION

The total population of visually impaired children in the Lower School classes, nursery to third-grade levels, for 1970-71 was forty-five. The Title I Child Development Project population consisted of thirty of these children who had one or more handicapping disabilities in addition to visual impairments. There were twenty boys and ten girls. Sixteen had useful vision. The children represented various races, religions, and economic levels. Six were black, twenty-three Caucasian, and one an American Indian.

Table I provides information concerning the sex, birthdate, visual information, additional disabilities, and grade placement of the thirty children who participated in the Child Development Project.

TABLE 1

BLIND MULTIPLY HANDICAPPED STUDENTS IN THE 1970-71 CHILD DEVELOPMENT PROJECT

Student Number	Birthdate	Sex	Visual Information June, 1971	Additional Disabilities	Grade Placement
1*	2/6/60	Male	Light perception in both eyes. Braille student	Mild cerebral palsy	Primary ungraded and Third grade
2*	3/31/60	Female	Both eyes - 20/200 distance vision 20/20 near vision at four inches. Wears corrective lenses Large type student	School underachievement with normal intelligence.	Elementary ungraded and Fourth grade
3*	3/30/60	Male	20/100 both eyes Responded to visual stimulation.	Microcephaly; trainable retardation	Elementary ungraded
4*	4/27/62	Male	Light perception in both eyes; responded to visual stimulation.	Emotionally disturbed; undetermined retardation	Special class and Dormitory

*Children who started in the Pilot Project July, 1969.

TABLE 1--Continued

Student Number	Birthdate	Sex	Visual Information June, 1971	Additional Disabilities	Grade Placement
5*	10/8/59	Male	Travel vision 20/200 in both eyes most acute at 3-4 inches Retinitis pigmentosa Large type and braille	Resolving autistic-like tendencies	Primary ungraded
6*	3/23/58	Male	8/200 right eye 9/200 left eye Albinism - complete lack of ocular pigmentation Astigmatic error Nystagmus in both eyes Wears corrective lenses Large type student	Anxiety neurosis; educable retardation	Elementary ungraded
7	5/24/66	Male	Useful residual vision in right eye Wears corrective lenses	Immaturity; undertermined retardation	Special Class and Dormitory and Nursery Class
8	6/28/59	Male	No light perception Braille student	Undetermined retardation Spent five years in a state institution for the retarded	Primary Ungraded and Third Grade
9*	9/24/64	Female	Light perception in both eyes. Bilateral detached retinas from trauma in infancy.	Immaturity; undetermined retardation.	Kindergarten

TABLE 1 -- Continued

Student Number	Birthdate	Sex	Visual Information June, 1971	Additional Disabilities	Grade Placement
10*	12/19/71	Male	Bilateral optic atrophy and pendular nystagmus 20/800 in both eyes Large type student	Hemangioma of the central forehead; cerebral palsy; convulsive disorders; emotional problems	Primary ungraded and First Grade classes.
11*	10/31/57	Male	County fingers at six inches - both eyes. Wears corrective lenses. Large type student	Cerebral palsy	Elementary ungraded
12	12/17/65	Male	Right eye - light perception Left eye - enucleated Retrolentral fibroplasia	Recurrent bilateral serous otitis media; emotionally disturbed	Special class and Dormitory and Nursery
13*	1/31/60	Female	No light perception	Hydrocephalus - arrested; trainable retardation; distractibility; obesity	Primary ungraded
14	3/24/65	Male	No light perception Retrolental fibroplasia cataracts	Undetermined retardation; environmental deprivation; convulsive disorder.	Special class and Dormitory

TABLE 1 -- Continued

Student Number	Birthdate	Sex	Visual Information June, 1971	Additional Disabilities	Grade Placement
15	7/27/65	Female	15/200 - both eyes; Wears corrective lenses. Congenital aniridia; bilateral cataracts.	Wilms tumor - one kidney removed; speech problem; teech destroyed from medication.	Special class and Dormitory and Nursery.
16*	11/25/56	Male	Light perception in right eye only. Braille student	Speech and language disorders, mild gross motor incoordination, dull normal intelligence.	Elementary ungraded
17	1/14/60	Male	Gradual loss of vision to light perception in both eyes. Juvenile macular degeneration. Braille student	Chorea of undetermined etiology, probably a degenerative central nervous system disease.	Elementary ungraded
18	11/19/64	Female	No light perception Retrolental fibroplasia	Cerebral pälsy, right hemiparesis	Nursery
19*	5/9/63	Male	Light perception in right eye only Retrolental fibroplasia	Immaturity; undetermined retardation	Kindergarten

TABLE 1 -- Continued

Student Number	Birthdate	Sex	Visual Information June, 1971	Additional Disabilities	Grade Placement
20*	5/15/63	Female	No light perception	Resolving autism, possibly educable	Special class and Dormitory
21	3/3/60	Male	3/100- right eye Light perception in left eye. Large type student	Microcephaly; trainable	Primary ungraded
22	10/7/59	Female	10/200 in both eyes. Wears corrective lenses. Large type student	-	From elementary ungraded to Fourth grade
23	7/10/66	Male	Wears corrective lenses.	Cerebral palsy, spastic right hemiparesis; speech problems	Nursery
24*	7/5/63	Male	No light perception in right eye; Possible light perception in left eye.	Speech and hearing problems; wears hearing aid.	First Grade

TABLE 1 -- Continued

Student Number	Birthdate	Sex	Visual Information June, 1971	Additional Disabilities	Grade Placement
25*	11/13/60	Male	Right eye - 2/200 Left eye - 4/200 Wears corrective lenses. Large type student	Microcephalic; borderline retardation	Primary ungraded and Second Grade
26	11/3/63	Male	Both eyes near vision - 2/200 Distance vision - 8/400 Large type student	Arrested hydrocephalus; Undetermined retardation.	Primary ungraded.
27	8/2/63	Male	Right eye - 10/200 Left eye - 6/200 Wears corrective lenses.	Orthopedic problems; slow learner	Primary ungraded
28*	9/4/62	Female	No light perception	Microcephaly; undetermined retardation; emotional problems	Primary ungraded
29	5/15/62	Female	No light perception	Left hemiparesis secondary to brain surgery 12/1/69; seizures	Primary ungraded and First Grade
30	8/28/65	Female	Both eyes 20/200 Wears corrective lenses	Emotional problems; speech problems	Nursery

III. OBJECTIVES, ACTIVITIES, AND EVALUATIONS

Objective A

To further develop individually organized instruction based on the child's medical and psycho-social diagnosis and evaluations at Children's Hospital and/or his educational assessment at Western Pennsylvania School for Blind Children.

Activities

Visual Efficiency Training

Daily visual efficiency training experiences were provided for five legally blind multiply handicapped children who responded to visual stimulation during the 1969-70 project.

Also during the implementation of the project, teacher observations of four other children, three third graders and a second grader, indicated that the children were utilizing vision as a mode for learning as well as the braille that they were taught to use. These children were further encouraged to use their vision in classroom activities and they attended visual stimulation classes twice a week. They were re-examined by a pediatric ophthalmologist in the early Spring of 1971. His reports provided further evidence of their ability to use vision as their mode for learning to read and to write. The change from braille to large type was a controversial issue in terms of previous school procedures for children with low visual

acuities and uncertain prognoses. However, the change was made for the last nine weeks of 1970-71. Although the children's visual reading was slow, the teachers were pleased with their progress and with the visual imagery they were able to provide for the children.

Evaluations

Evaluation procedures for the visual efficiency training of the five multiply handicapped children included teacher observations, reports of a pediatric ophthalmologist, and the Visual Discrimination Test designed by Barraga[1]. The original Barraga Test was used for the pre-testing in June, 1970 and the revised edition, recommended by the American Printing House, was used for the post-testing. The revised test differed from the original in number of items, the visual discriminations were more complex, and the print size and objects were smaller. Percentage scores were computed for the tests to provide comparisons.

Since many different variables were involved in the evaluation of each child's responses to visual efficiency training, a brief report of each child and his performance is necessary. The following reports include ophthalmological information, the children's additional disabilities, Barraga Test Scores, and teacher summaries of the children's visual functioning for the last report card period of 1970-71. Student numbers refer to Table 1.

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[1]Barraga, Natalie C., Increased Visual Behavior in Low Vision Children (New York: American Foundation for the Blind, 1964).

Child #3

Birthdate: March 30, 1960

Ophthalmological Reports

July, 1969 Diagnosis - Bilateral congenital disc malformation
Nystagmus
Vision information - Color vision normal
Counted fingers at 1 foot
Recognized geometric shapes when held close to his face.
Comments: It was noted that R. was strictly a braille student but there was a possibility of print instruction because of the above information.

April 18, 1970 - Vision Acuity - 20/100 to 20/400

Comments: R. read ink print letters and numbers. A trial with low vision aids was recommended.

May, 1971 Low Vision Clinic of Falk Clinic Specialists recommended the continuation of visual stimulation and large type, but R. was not significantly aided by any of the low vision aids.

Additional Disabilities

Developmental Clinic Report - Moderate retardation; microcephaly, head below two standard deviations for his age.

Barraga Test Scores

Original Test - 58 items		Revised Test - 48 items
Jan. 1970	Dec. 1970	May, 1971
62%	33%	40%

Report Card Information, June 10, 1971

R. read all the letters of the alphabet in ink print size of approximately one inch square. He read words such as those which appear on safety signs.

R. learned to write print capital letters; he had difficulties with M, N, and W. He used wide felt markers and wrote letters approximately two inches high.

R. received outstanding achievement in Arts and Crafts utilizing the visual and haptic senses.

R. was very negative concerning any academic demands.

Child #5

Birthdate: October 8, 1959

Ophthalmological Reports

July, 1969 Diagnosis - Tacheal retinal defect indicated by speckled pigmentation. Rotary nystagmus.

Visual information - Recognized colors

Comments: It was noted that J. knew print alphabet letters and numbers by a kinesthetic sense rather than a visual one. He used large raised letters. It was recommended that he be educated as a blind child.

April 18, 1970 Diagnosis - Retinitis pigmentosa varient.

Visual information - Travel vision
Near vision - 20/200 both eyes, most acute at 3-4 inches.

Comments: J. demonstrated visual identification of letters approximately three-fourths of an inch in size, print reading, and color recognition with a tensor light. A trial with low vision aids was recommended.

May, 1971 Low Vision Clinic of Falk Clinic specialists recommended continuation of visual stimulation and large type reading. J's best vision for near at that time was 20/400 and it was not significantly improved by visual aids.

Additional Disabilities

Developmental Clinic Report - Resolving childhood autism, developmental delays in speech (sentence speech did not appear until eight years of age)and in motor development, and undetermined retardation.

Barraga Test Scores

Original Test - 58 items		Revised Test - 48 items
Jan. 1970	May, 1970	May, 1971
0	52%	29%
		He could not see print of less than one-half inch in size.

Report Card Information, June 10, 1971

J's teacher stated that he developed into a social being during the year. He seemed to view himself as a worthwhile individual and initiated conversation with others for the first time.

J. read and wrote numbers in braille and read print numbers about one-half inch in size. In keeping with his parents' wishes, he continued braille reading and writing. He read first-grade level materials in braille. His teacher reported that he seemed to comprehend little of character or plot development and to derive little pleasure from braille reading.

He read teacher-prepared (one-half inch ink print) materials during visual stimulation lessons. His visual reading involved following simple print instructions and reading short sentences pertaining to his experiences. He responded favorably to the verbal praise for his accomplishments in using residual vision.

Child #10

Birthdate: December 19, 1961

Ophthalmological Reports

July, 1969 Diagnosis - Pendular nystagmus
Bilateral optic atrophy
Color vision
Extremely poor visual acuity was noted, and it was suggested that he be educated as a blind child.

May, 1970 Distance and near vision 20/800 in both eyes
Gross color vision
There was a marked use of the left eye. It was recommended that he continue with large type and that the use of visual aids be explored.

May, 1971 Low Vision Clinic of Falk Clinic specialists recommended the continuation of visual stimulation and large type reading lessons but D. was not significantly aided by any of the low vision aids.

Additional Disabilities

Developmental Clinic Report - Cavernous hemangioma of the forehead; epileptogenic activity; cerebral palsy, right hemiparesis; hyperactivity and irritability; undertermined retardation.

Barraga Test Scores

Original Test - 58 items		Revised Test - 48 items	
Feb. 1970	June, 1970	Dec. 1970	May, 1971
57%	67%	46%	67%

Report Card Information, June 10, 1971

D. read from five pre-primer large type books. He made little progress in writing letters and numbers.

Child #21

Birthdate: March 3, 1960

Ophthalmological Reports

(Parents did not consent to Developmental Clinic study)

Child's level of achievement at the age of eleven was preacademic. The kindergarten teacher noted in a 1967-68 report that his response to Touch and Tell books was very poor and he was not able to follow instruction in the use of the braille writer.

Barraga Test Scores

Original Test - 58 items		Revised Test - 48 items
Jan. 1970	May, 1970	May, 1971
10%	88%	71%

In Jan, 1970 R. had no trouble seeing the test items; he did not seem to understand the concepts of "matching" or "different than".

Report Card Information, June, 1970 and 1971

Although R's vision was described as very limited in his records, he appeared to have excellent use of what vision he had.

In 1969-70 he responded so well to visual stimulation experiences early in the year it was decided to pursue reading readiness with large type materials rather than to continue braille. He acquired a sight vocabulary of some ten words and read simple teacher-printed sentences. He copied his name in large capital manuscript letters and copied simple vocabulary words and sentences.

During 1970-71 R. progressed from teacher-made materials to large type pre-primer books. He completed the first pre-primer and started the second, but his attention span was very short and he retained little information. The teacher felt this material was unrealistic for him and that he would probably not become a reader. Practical learning experiences at a trainable or educable level were recommended.

Child #24

Birthdate: November 13, 1960

Ophthalmological Reports

February, 1969 - Both eyes - constant nystagmus
Bilateral congenital cataracts
Right eye - Distance vision 2/200, near vision less than 20/800
Left eye - Distance vision 4/200, near vision less than 20/800
It was noted that G. should be in a braille class. However, refraction was recommended.

July, 1969 — It was noted that eye surgery for congenital cataracts had been performed at the ages of one and a half and two. Further eye surgery was recommended for the Fall of 1969.

August, 1970 — Bilateral iridectomy and discission were performed for completion of the removal of the cataracts; the right eye surgery was performed in September, 1969 and the left eye surgery in November, 1969. He was refracted in January, 1970. G. was wearing corrective lenses satisfactorily when he was seen by the Developmental Clinic pediatrician in May, 1970.

Additional Disabilities

Developmental Clinic Report - Borderline mental retardation; microcephalic. Possible rubella syndrome.

Barraga Scores

Original Test - 58 items	Revised Test - 48 items	
Sept. 24, 1970	Dec. 4, 1970	May 1,1971
79%	57%	77%

Report Card Information

June, 1970 — G. was changed from the braille primary ungraded class to the large type primary ungraded class in December, 1969. He made remarkable progress in learning to read large type according to the teacher's report.

June, 1971 — G. read four first grade large type readers during the year and made progress in pencil writing. Although he was in a primary ungraded class, he attended science and social classes with regular second-grade students as a listening student.

Children with useful residual vision in the preschool programs at Western Pennsylvania School for Blind Children under the guidance of this writer are now receiving visual stimulation. Their responses to visual stimulation rather than the utilization of a visual acuity report will determine whether they will be large type or braille students when they enter first grade.

Development of the Auditory Channel for Learning

Auditory reading programs were developed for children whose listening comprehension scores from their assessments in 1969-70 were significantly above their braille or large type reading levels. During Phase III, four children who were previously in classes for primary retarded children were integrated into regular reading classes as listening students. They listened to tape recordings of teacher or student readings of the third or fourth grade volumes of Betts Basic Readers[1] which were used in the corresponding regular reading classes. Workbook and other supplementary materials were adapted so that they could be utilized by the children on the Audio-Flash Card Machine[2] or were presented orally by the teacher, student teachers, or volunteers. Samples of instructional strategies written by such instructors are presented in Appendix A.

Five other children in the Child Development Project, three in the elementary ungraded class and two in the primary ungraded class,

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[1] Emmett A. Betts and Carolyn M. Welch, Betts Basic Readers (New York: American Book Co., 1963).

[2] Audio Flash Card System, manufactured by Electronic Futures Inc., a division of KMS Industries, Inc., North Haven, Conn.

were provided many opportunities to listen to materials at levels above their actual reading levels and also participated in class activities which were aurally oriented.

Evaluations

Evaluation procedures included an auditory assessment, instructional strategy forms, and an assessment form for the integrated children's teachers to complete for each report period. (See Appendix B.) The auditory assessment included the identification of environmental sounds, simple listening comprehension tasks, and recordings of graded paragraphs from the Gilmore Oral Reading Tests, Forms A and B.

TABLE 2

AUDITORY ASSESSMENTS

Student	June, 1970 Form B	June, 1971 Form A	Gain	Loss	Reading Grade Placement, 1970-71
1	53	47		6	Regular Third
2	33	34	1		Regular Fourth
3	37½	26½		11	Elem. Ungraded
6	24	35	11		Elem. Ungraded
8	33	39½	6½		Regular Third
11	48	49	1		Elem. Ungraded
16	33	39	6		Elem. Ungraded
22	36	40	4		Regular Fourth
24	41	32		9	Primary Ungraded
26	34	34	-	-	Primary Ungraded

Child #23, who was placed in first grade and who learned to use a hearing aid, answered only four questions correctly in June, 1970 and answered 18 questions correctly in June, 1971 on the equivalent form of the Gilmore Test. The children who were integrated into the regular reading grades performed well and were scheduled for the next regular reading grade level for 1971-72. Child #22 was integrated into all the regular fourth-grade classes in November, 1971 and was promoted to the fifth grade for 1971-72. She had been in the primary ungraded class for three years and the elementary ungraded class for two months.

It appeared that the educational progress of many of these children had been hindered by their slow and frustrating braille and large type reading skills. The individualization of their programs through developing their auditory channels for learning provided opportunities for them to study with their peers in regular classes and/or to gain information, concepts, and vocabulary at their developmental levels.

These evaluations emphasized that some children are auditorially oriented for learning and stressed the importance of listening as a basic learning input. It is recommended that listening skills be taught as part of the curriculum from preschool on through the child's educational program at Western Pennsylvania School for Blind Children.

Orientation and Mobility Training

Teachers, child care workers and houseparents attempted to help children who scored below eighty per cent on the orientation and mobility scales in June, 1970. Within the daily school routine, the children were taught to perform tasks they had not mastered.

TABLE 4

FRANCIS E. LORD ORIENTATION AND MOBILITY SCALE
SHORT-FORM 25 Items (See Appendix D)

Student Number	Pre-Test Items Correct, June/70	Post-Test Items Correct, June/71	Gain	Loss	Grade Placement
1	15	17	2		Primary Ung. and Third Grade
4	4½	5½	1		Special Cl.
5	18½	19	½		Primary Ung.
7	absent	7½	-		Special Cl.
9	6	13	7		Kindergarten
10	16	22½	6½		Primary Ung.
11	13	18½	5½		Elem. Ung.
12	Not testable	10	10		Special Cl.
13	14	10½		3½	Primary Ung.
16	18	24	6		Elem. Ung.
19	6	7½		1½	Kdg. and Special Class
20	9	7		2	Special Class
23	11½	18½	7½		First Grade
24	18	23	5		Primary Ung.
27	17	13½	3½		Primary Ung.
28	13	19	6		First Grade

Two children, students #12 and #14, who were admitted to the special program for preschool children in September, 1970 were not testable by means of these scales at that time. However, child #12 performed 24 of the body-image tasks correctly in June, 1971 and child #14 performed 27 of the tasks in June, 1971. Child #12 performed 10 of the Lord Scale items correctly in June, 1971 and child #14 performed 5 correctly in June, 1971.

The evaluators, certified mobility instructors who worked in the Upper School of Western Pennsylvania School for Blind Children, noted the importance of teaching correct basic techniques to young children in preparation for cane travel in the upper grades. Teachers of the primary grades requested a workshop for teaching pre-cane techniques to the children and emphasized the need for mobility instructors as part of the Lower School staff. A government proposal was written to obtain staff members to provide such specialized training at the primary level.

Development of Self-care Skills

Utilizing a check list of hygiene and self-care skills designed by Mary E. Rigby and Charles Woodcock of the Oregon School for the Blind, houseparents indicated that eighteen of the children had mastered the skills for taking care of most of their daily living tasks independently. A step-by-step method of instruction at the children's developmental levels was provided for the other twelve children. The older children in the second floor dormitories were given opportunities to earn tickets or pennies as they learned to perform tasks such as those involved in grooming, bed making, and improved eating techniques. Techniques of Daily Living classes were conducted for the children in grades one to three and in the primary ungraded classes for the first time. The

children were involved in learning many of the tasks on the check list.

The more complex and/or younger children, several in the special Child Development Project dormitory, were rewarded with verbal praise, hugs and kisses, or candy for performing small tasks or approximations toward the accomplishment of a self-care skill. Appendix E is an example of an Instructional strategy form for one of these children. The instruction and reward procedures were shared with the parents and they were encouraged to follow them when their children were at home.

Evaluations

Houseparents and child care workers completed check lists designed by Rigby and Woodcock for the thirty children in June, 1970. They were given new forms of the same check lists to complete for the twelve children involved in this self-care study so that they could not be influenced by their previous ratings. They marked a (3) if the child always performed the task; a (2) if the child sometimes performed the task; and a (1) if he never performed the task.

The 1970 and 1971 check lists were compared to evaluate the children's progress and to tabulate the number of tasks of increasing difficulty the children had mastered within the year. Table 5 tabulates this information in a bar graph form. The self-care skills on the check list include tasks of increasing difficulty and independence in washing, bathing, care of teeth, care of hair, toileting, dressing, eating, and dormitory responsibilities. Appendix F provides a sample page of the check list.

Tactual Discrimination Training

Techniques to develop tactual discrimination for seven children with no useful vision who had zero or low scores on the Carson Y. Nolan

TABLE 5

Self-Care Skills Accomplished between June 1970 and June 1971.

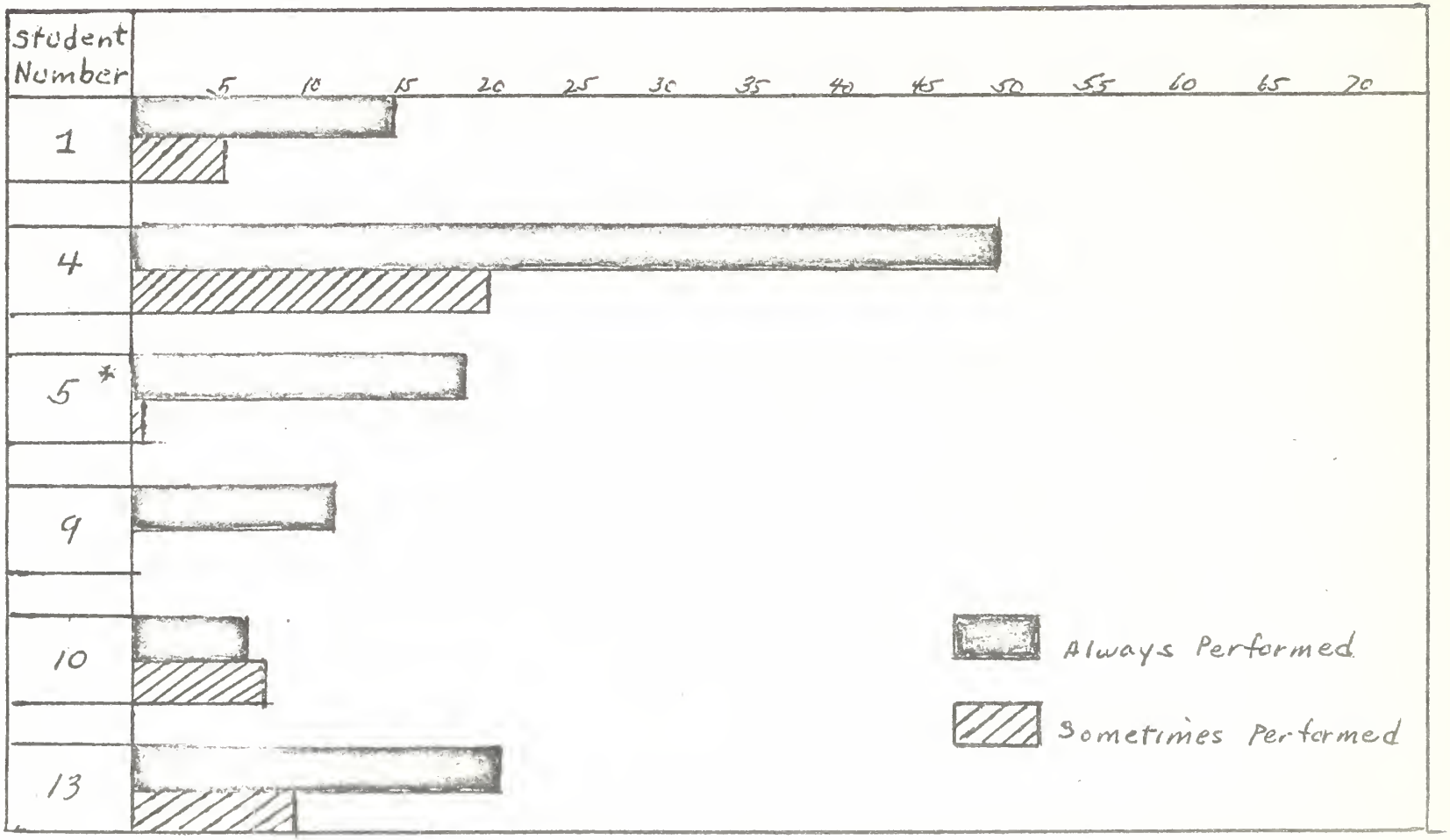
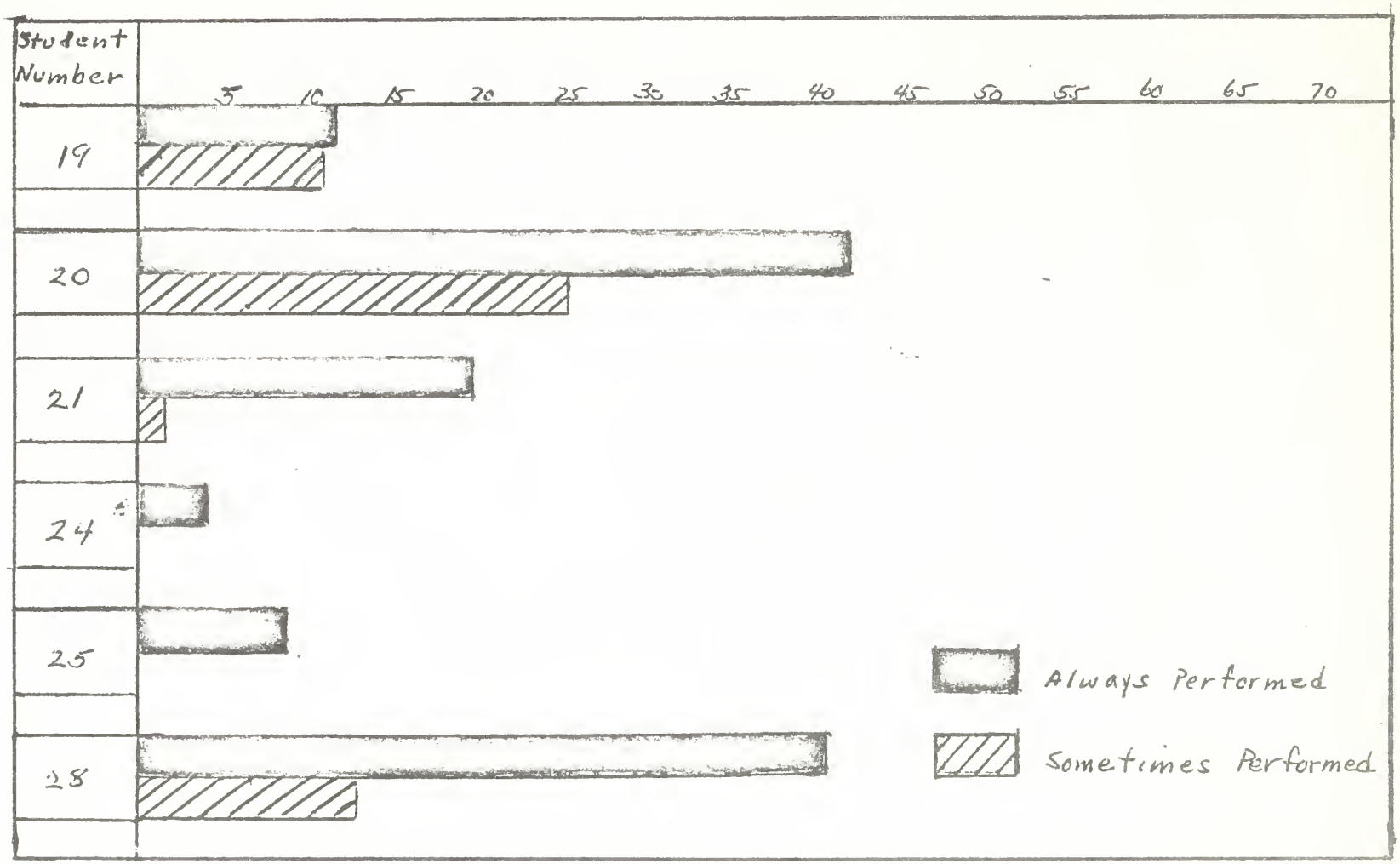


TABLE 5 (continued)



* Advanced to almost all tasks performed independently

and June E. Morris Roughness Discrimination Test were provided. The children were given a variety of textures to feel and were introduced to the concepts of rough, not rough, smooth, bumpy, etc. A few of the children were able to identify rough or smooth squares on instructional cards made of aluminum foil and sandpaper squares.

Evaluation

The Roughness Discrimination Test seemed to be too sophisticated for the seven children since the differences among the sandpaper samples require a developed tactile sense. When a choice of tests had to be made because of a time element, this test was eliminated until next year.

Extended-Day Activities

Individualized instruction and group activities were extended for the children beyond the classroom hours. The group activities consisted of a third grade science club, first and second grade science club, an arts and crafts club, a woodwork club, and a discussion group which were organized by two part-time child care workers. The children joined the clubs of their own choosing and helped make their own rules and choose their activities. The child care workers also met on a one-to-one basis with some of the children to reinforce and further develop individualized programs. Practicum students from nearby colleges and universities and volunteers participated in the extended-day activities and provided valuable assistance.

Objective B

To organize a special class and dormitory for children who exhibit behavioral patterns not presently manageable in the ungraded or regular primary classrooms at Western Pennsylvania School for Blind Children.

Activities

A third floor area of the Lower School which had been used to house staff members of Western Pennsylvania School for Blind Children was converted to a classroom and dormitory rooms for seven children who exhibited behavioral patterns not manageable in the regular or ungraded classrooms. Six of the children had been evaluated at the Developmental Clinic of Children's Hospital and had been recommended for participation in the special program. It was the opinion of the specialists at the Clinic that these children had sufficient educational endowment for learning skills for independent living. The seventh child was placed on the third floor for the individualized attention she required after recovering from surgery for a Wulm's tumor.

The special education teacher, child-care workers, the house-parent and the project director worked as a team to stimulate each child's growth and development. Individualized programs were developed to help each child master tasks at his developmental level in the areas of language usage, self-care skills, socialization, preacademic skills, and emotional expression and control. Staff meetings were held every Friday afternoon to evaluate the children's programs for the past week and to plan for the next week. A consistent use of positive reinforcement meaningful

to each child was a major part of the discussion each week. Throughout the year attempts were made to gradually integrate children into the regular nursery school program or the ungraded classroom. The director learned to listen carefully to the team members' feelings and to appreciate their frustrations in working with such complicated children. They needed support and frequent encouragement. However, their weekly written instructional strategy forms provided evidence of the children's progress in performing specific tasks even though the progress was often slow and tedious.

An outstanding child psychiatrist, Dr. Rex Speers, observed the children on a Tuesday morning six times during the year and then met with the team the following Fridays to discuss his observations, make recommendations, and answer questions. He provided guidance and a depth of understanding concerning the children's behavior and the roles of the team. He attended a Western Pennsylvania School for Blind Children administrative meeting in February, 1971 to discuss the special program. He recommended its continuation and the establishment of a classroom for emotionally disturbed blind children. He felt that the children he had observed had made remarkable progress in their emotional and intellectual development.

Evaluations

Children in the special class and dormitory were evaluated by means of written instructional strategy forms, pre- and post-scores of the tasks they performed on the Maxfield-Buchholz Social Maturity Scale for Blind Preschool Children, pre- and post-educational assessments if appropriate, and re-evaluation

examinations by specialists at the Developmental Clinic of Children's Hospital. The evaluation sections of the instructional strategy forms provided weekly records of samples of the children's responses to learning opportunities. Monthly summaries were written to describe the children's development in orientation and mobility, language skills, self-care skills, socialization, and emotional control. This information was filed as part of each child's case study. The children learned to perform tasks of increasing difficulty in the educationally relevant areas listed above. To provide audio and visual examples of their accomplishments and the changes in their behavior, video tape recordings were taken at intervals throughout the year.

The six children who had originally been evaluated at the Developmental Clinic were re-evaluated at the end of the School year 1970-71 or in the Fall of 1971. In most cases sophisticated tests used at the Clinic could not be used with these multiply handicapped visually impaired children. The re-evaluations indicated a need for evaluation procedures which reveal changes in the children's behavior from their various levels of development and which take into consideration their different channels for learning.

Three of the children had attended Title I summer projects for pre-school multiply handicapped blind children in 1969 and 1970. The number of tasks they performed at the beginning on the Maxfield-Buchholz Scale and at the end of the projects determined pre-scores for this project. For post-scores, three child-care workers observed each child and completed Maxfield-Buchholz scales in June, 1971. A comparison of the child-care worker's evaluations

indicated a ninety per cent agreement. The scale provided a means of tabulating quantitative scores; however, it was felt by the workers that many of the tasks were stated too generally. The Maxfield-Buchholz task scores for the three children are presented in Table 6 below.

TABLE 6

MAXFIELD BUCHHOLZ TASK SCORES (95 Items)

Student Number	Summer 1969			Summer 1970			1970-71 Program			
	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Loss
7	39	47	8	50	63	13	63	83	20	
12	56	59	3	56	67	11	67	64		3
23	53	56	3	54	65	11	65	81	16	

The great variation among the children and their individualized programs necessitated the case study method of evaluation. In order to organize the information for easy access a case study format was designed. (See Appendix G) The following summaries from the case studies of the seven children contain re-evaluation information from the Developmental Clinic specialists and results of the children's individualized instruction.

Child #4

Developmental Clinic Reports

When this eight-year-old boy was originally seen at the Clinic in July 1969, he was observed as having emotional problems manifested by poor personal relations, bizarre behavior and inapporpriate language. Reports of follow-up visits in 1971 stated that he had a minimum of his past stereotyped behaviors. He was able to carry on realistic conversation. There was no echolalia as noted previously.

He did not have the flapping type behavior with hands as he had had in the past. It was still impossible for the child to focus his attention so that the verbal part of the WISC could be administered by the psychologist. However, he had progressed to the extent that he could express verbally his rejection of the testing situation. When the focus was not on test material he could respond socially appropriately. He related best in unstructured situations.

The developmental specialist observed him in follow-up play situations on two occasions in 1971. She noted that he was somewhat more mature. His anxiety was expressed by heavy breathing, excessive loud talking and frequent lip tapping. He was conscious of both the tapping and loud speech and when reminded of the inappropriateness of these behaviors, he was capable of modifying them. During 1969 and 1970 observation periods he was extremely negative and exhibited temper tantrum behavior and would not respond to adult reasoning.

Western Pennsylvania School for Blind Children Observations and Educational Assessments

On the first morning at school in November 1969, he presented himself as a highly disturbed negative, angry, frightened boy. He spent most of the morning shouting, screaming, rocking and verbalizing harsh phrases. He became very excited and was stimulated by throwing and heaving all the toys and furniture he came in contact with. He followed no directions; he screamed when approached verbally by the adult. When the adult was physically near, he responded by avoidance or by kicking, hitting and biting. His response to everything was absolutely negative. He would not accept food or candy from the adult. When his name was said or sung, he reacted by screaming. His only manipulation of toys was destructively pulling them apart and

throwing the pieces about the room.

The next day he was slightly more settled. He was introduced to a "screaming room." There he was allowed to scream all he wanted and was given "throwing" toys. He sought the adult as an object to kick, bite and hit, but never for warmth or affection. He seemed to find security in retreating from the room and the adult into the adjoining bathroom and closing the door. Thus isolated, he was able to verbally communicate with the adult on a primitive, yet more appropriate level.

C's behavior was so disturbed, anxious and hyperactive that it was difficult to evaluate his specific difficulties, strengths, developmental levels, etc. The plan was to provide him with a warm, consistent adult relationship which would be predictable and dependable. With this relationship it was hoped that he would be helped to relax and to accept limits on his behavior.

It was noted in evaluation reports in the spring of 1970 that he used language as an important tool for reaching out for interpersonal contact and attention. He asked many stereotyped questions when in the presence of other children and adults, often not seeming to be interested in the answer, but interrupting with another question. He was constantly encouraged to talk about his experiences and feelings instead of asking inappropriate questions. He often responded favorably to role playing situations. Three other techniques appeared to help him control his disruptive behavior. First, instead of kicking, biting and hitting the adult, he was encouraged to hit and kick large cushions and a stuffed clown. Second, he was held firmly by the adult and assured that he would not be hurt or allowed to hurt the adult. Third, when it appeared that he was trying

to control the adult by eliciting anger, rage, or etc., behavior modification techniques were enlisted. When C. became disruptive, the adult explained to him that she was going to sit across the room or go into a small adjoining room and that they could be together again as soon as he no longer needed to kick, etc. C's initial reaction to this approach was desperate rage. He sought the adult to continue the attack. Gradually, however, the consistent withdrawal by the adult altered C's behavior. The attacks became less frequent; he seemed to be able to sustain longer positive relationships without succumbing to disruptive behavior. At this point physical restraint was used again when he became upset, anxious, bizarre, or tapped excessively. At first he protested with violent struggles, panic and tears. However, with firm unrelenting holding, the protests climaxed and then he became relaxed and subdued, often lingering on the adult's lap for some time before venturing away into the classroom. Sometimes he asked to be held in moments of anxiety or when he noticed he was losing control.

These techniques were used throughout 1970-71 whenever it was necessary. Academic tasks were gradually introduced. His progress report in June 1971 stated that he improved academically and emotionally during the second semester. He accomplished the following tasks:

1. Visual recognition of all letters in his name, in an orderly and in a mixed fashion.
2. Completion of short tasks such as:
    a. Grouping various colored toys in containers of the same color.
    b. Separating materials in two containers. Example: wood items and cloth items.
    c. Grouping like letters together.

3. Discussion of basic number concepts. With direction, C was beginning to talk about arithmetic concepts in story form such as two plus one equal three.
4. Utilization of art materials. C selected colors and produced various movements up and down and circular with crayons and paints. He seemed to enjoy making a picture for someone in particular.
5. Verbalization. C continued to practice greeting people and using appropriate conversation techniques.

He needed continual praise and support to complete tasks once he understood them. C attended the primary ungraded class during the first period each day. He participated appropriately in the group discussions but needed help in order to do seat work by himself. He traveled back and forth on his own to the ungraded class from his special classroom. (Video tapes illustrate the various stages in his progress at school.)

Child #7

Developmental Clinic Reports

The pediatrician noted the marked difference in this five-year-old boy's behavior during the follow-up visit in June 1971 as compared to previous examinations. The doctor stated that he had obviously grown in physical size and still presented himself as a rather handsome, good-looking child, but his behavior was so changed that it made him all the more appealing. He was verbal, curious and responsive. He related well with the examiner, which was in direct contrast to the screaming, yelling behavior seen on previous visits.

The psychologist compared her three evaluations of the child. In January 1969 when he was two years and nine months of age, it was

impossible to test him because of his purposeless activity and apparent multiple sensory handicaps. It was impossible to determine any level of intellectual, social or emotional development. In October 1970 at four years and five months of age after attending two Title VI summer programs, he had made a great deal of progress. He was able to work on some of the Merrill-Palmer mental tests and obtained a mental age of 26 months, which was interpreted as moderate intellectual retardation. His behavior still seemed to be distractible and somewhat difficult to manage but was much improved over earlier reports.

In October 1971 he seemed to be visually orienting himself to the environment as well as by sound and exploration. He was wearing glasses which he had not worn previously.

He obtained a verbal IQ of 84 on the Wechsler Pre-school and Primary Scale of Intelligence at the chronological age of five years and five months. He did best on explaining ways in which various ideas and things are similar. He was also given the geometric design test from the performance scale of the Wechsler Pre-school and Primary Scale of Intelligence. His level of performance was about a year behind his chronological age, but he had developed eye-hand coordination quite well for a visually impaired child. He was functioning for verbal abilities at least within the low average range of intelligence.

In summary, the psychologist stated that he was a child who had made a great deal of progress in less than three years. Previously it was impossible to categorize him, and during this evaluation he functioned adequately socially and intellectually. It was recommended that he be continued in the kindergarten program with as much stimulation and enrichment as possible. It appeared to the psychologist

that he should be able to enter first grade in 1972-73 and be taught as a slow learning first grader.

Western Pennsylvania School for Blind Children Observations and Educational Assessments

He was admitted to the School program in October 1970 after an adjustment period in a foster home for six weeks. He had been living in an institution from birth on prior to the foster home placement. He adjusted quite well to the Lower School building. He walked up and down stairs by himself. He enjoyed swimming activities and playing with water in a small tub. He had difficulty making transitions from one activity to the next and would often protest by screaming and tantrum behavior. He repeated what the adult stated if the words were not too difficult. He constantly asked, "What's that?" even when referring to another person. It appeared as though his questioning was at times a learning experience and at other times a manipulative device to obtain attention.

He improved throughout the year to the point where formalized educational assessments were attempted. On the auditory comprehension test he identified seven of the environmental sounds. He corrected the wrong or silly sentences when the evaluator rephrased and simplified the task items. He performed the following tasks on the Kindergarten Evaluation of Learning Potential for a score of 25 out of a possible 84:

1. Identified eight colors.
2. Strung beads and identified round and square ones.
3. Made a train pattern alternating rough and smooth textures.
4. He removed bolts from the Bolt Board form.
5. He named the days of the week but not in order.

6. He spelled his first name.
7. He named five objects from each of the three testing compartments.

It was noted in his June 1971 progress report that he had made good academic and emotional progress considering the numerous adjustments he had coped with during the year. He adjusted to the school environment, his foster home placement and recovered from eye surgery performed in April 1971.

He started to articulate his needs and desires quite well. He learned to talk about an experience in a logical and sequential order. There was evidence of much more intelligible talk and less echolalia and babbling. He learned to choose activities and attend to the task until completed. He accomplished the following kinds of tasks by the end of the year:

1. Pouring. He demonstrated the concepts of full and empty, pouring into and pouring out of, etc. He followed rules to keep the water in the tub and to help clean up.
2. Painting. He waited patiently while his choice of paint was mixed. He talked about the birds, circles, his bed, etc. which he painted.
3. Chalk board writing. He formed the letters of his name and drew various shapes.
4. Counting. He counted to five.
5. Pasting. He pasted paper designs.
6. Recognition of letters of the alphabet. He recognized letters of his name and the first four letters of the alphabet.

He enjoyed playing with other children and especially with another preschooler, M. He helped at snack time and often brought the paper

cups to the table and washed the table at clean-up time.

His integration experiences into the nursery school classroom improved from a few minutes a day to fifteen-and twenty-minute periods with his child care worker. He learned to perform quiet time activities in the nursery school. His attention span increased in performing educational tasks. He responded very well to praise and encouragement.

Child #12

This six-year-old boy started in the program in September 1970 as a residential student in the special dormitory and as a member of the nursery school class. Beginning in January 1971 his response to classroom management procedures became so disruptive that it was necessary for a child care worker to remove him from the classroom environment. It was felt that he was angry and disturbed because he had not yet overcome the fears of separation from home. Special transportation arrangements were made so that he could attend on a daily basis and sleep at School only on Wednesday nights. His individualized program provided him with opportunities to express his feelings and talk about his fears with his child care worker as well as providing him with opportunities for accomplishing educational tasks.

Developmental Clinic Reports.

The developmental specialist described him in September 1971 as a youngster who had many strengths, but his inappropriate behavior and flights into fantasy prevented him from using his intellect. It was recommended that he be given firm management and a well-structured environment.

The speech pathologist was unsuccessful in an attempt to administer the Illinois Test of Psycholinguistic Abilities. After the

first question he began to jump and cry as well as clap his hands and move his fingers before his eyes. She estimated his vocabulary to be that of a three-year-old or better. It was rich in nouns and verbs as well as descriptive parts of speech. In the communication area she felt his primary problem appeared to be his failure to use his skills appropriately. He seemed to use any form of interaction with an adult as an exercise in manipulation.

Psychological testing in September 1971 was unsuccessful. He attempted to pinch, kick and scratch when stimulus objects were presented to him. When left alone, he seemed to withdraw into more private behavior. Any intervention started the aggressive behavior again. At one point he announced that he was having a temper tantrum.

His mother was interviewed for the Maxfield-Buchholz Scale of Social Maturity for Preschool Blind Children. Although she felt he had made progress in taking care of his personal needs and in responding to firmness, the Maxfield-Buchholz Scale yielded a social age of four years, ten months. This represented very little progress from the previous year when she was also interviewed for the Maxfield-Buchholz Scale. Other than acquiring a few self-help skills he had not made much progress. His emotional problems seemed paramount.

At the previous evaluation at the Developmental Clinic he demonstrated the ability to use language to solve problems and to answer questions. He worked with objects in a meaningful way. It was noted that although A's school program had been altered several times to try to meet his needs, his disruptive behavior, as during the re-evaluation, was used to control his environment, to avoid conforming, and to remove threatening people and events. The psychologist recommended that an effort be made to develop a program of external controls aimed at teaching A to control himself. He should, for

initially short but increasingly longer periods during the day, experience firmly structured situations. His strengths should be directed more on performing a task and less on his feelings and verbalizations. Placement with more capable children to whom he may begin to relate and who may provide some peer control was suggested.

Western Pennsylvania School for Blind Children Observations and Educational Assessments

When A started in the School program in September 1970 his orientation to the new environment was not consistent. He traveled around the special dormitory on the third floor quite well. However, at times he was extremely slow in responding to directions and walked into walls and doors. He often dawdled and appeared very limp, especially on the stairs. Some of his lack of orientation and mobility appeared to be testing behavior. When he realized that he would not be carried and that his child care worker would wait patiently while he walked down the steps and assured him that he wouldn't fall, he maneuvered the steps all right. He went through a ritual of clapping his hands and then flapping them in front of his face when he listened to a noise. Often he stamped one foot up and down in unison with his hands. He liked to listen to motors, especially the water fountain motor which always initiated the ritual.

He used appropriate verbal language for such needs as wanting to go to the bathroom or requesting foods. He had three favorite phrases: "Please," "Up and down the steps," and "Hear the baby cry." (He had a young brother.) He attempted new words through imitation. He was easily frustrated or became anxious if he could not have what he wanted, if a toy were broken, or if a child care worker was "too slow" for him. He demonstrated his frustrations by screaming, kicking, biting, pulling hair and/or throwing himself on the floor. He

observed people and remembered them by feeling their hair and shoes. He yelled "Shut up" or "No" if a play activity such as an involvement with a talking toy were interrupted by an adult suggestion of a new activity or simply putting a hand on his back and announcing lunch time. It was felt that A was frightened by the newness of the School environment and the limitations. When he did not respond to verbal communication during a tantrum, nor to the adult's ignoring it, he was restrained and consoled that he was loved and safe. When he would finally relax or be physically exhausted, he would usually listen to the child care worker and express himself concerning what he wanted or why he was upset. An objective for A was to encourage him and reward him for talking about his feelings and wants instead of acting them out in tantrum behavior. Another objective was to reward him for following specific rules and limitations.

By June 1971 his evaluation reports revealed that he was walking up and down the steps appropriately and using the railings as guides. Progress was demonstrated by his more frequent use of language to express himself rather than through physical acts and screaming. He managed to carry through structured educational activities up to a fifteen-minute period without an upset. He made progress in performing toileting, dressing and eating skills, but he still needed verbal and/or physical help. Socially, he learned to share his teacher's time with two other children in a short special class time experience.

Child #14

This six-year-old totally blind boy had had a series of illnesses during the year including bronchitis and impetigo. He had been absent from school about one half of the school days.

Developmental Clinic Reports

It was noted in the pediatrician's re-evaluation report in May 1971 that his height and weight were below the third percentile for boys of his age and his head circumference was two standard deviations below the mean.

Play observations made at this time by the child development specialist were compared with previous observations. It appeared that he had made considerable growth. Much of his previous self-stimulating behavior had been directed toward more purposeful activity. It was the clinician's impression that he was ready for the structure and demands of a more cognitively oriented program.

When he was first seen by the speech pathologist in November 1969 at the age of four years and eight months, he was felt to have a severe speech and language impairment. He was functioning as low as the one and one-half to two year level in communication skills. Although he vocalized a great deal, very little of what he said was understandable.

In comparing the re-evaluation session in January 1971 with the 1969 one, he showed a growth in communication skills. He talked so that some of what he said was comprehensible. He used words intelligibly; however, his articulatory skills remained close to two years behind his chronological age.

The Illinois Test of Psycholinguistic Abilities was administered. At the chronological age of five years and ten months he scored at a psycholinguistic age of two years and one month. His highest score among the subtests was the test of the ability to derive meaning from auditory information.

He showed significant growth in social skills and initiative to communicate, attributes which are not measurable on the Illinois Test of Psycholinguistic Abilities.

R was first seen by the psychologist at the Developmental Clinic when he was two years and ten months old. At this time he was relating very well to his environment. On the positive side, he manipulated objects and responded to verbal commands. The Cottell Infant Intelligence Scale suggested that his ability fell between the nine to fourteen month level. He obtained a social age of twenty months on the Maxfield-Buchholz Scale. The examiner felt that these were minimal estimates.

In 1969, at the chronological age of four years and five months, he was seen again at the Developmental Clinic. He had had no educational program in the interim and apparently, from the history, had had very little stimulation. He had, however, begun to talk. He obtained a social age of two years and three months on the Maxfield-Buchholz Scale, an increment of seven months social maturity in a year and a half.

R had had about a year as part of a summer experience at the School for Blind Children when he was seen at the School in July 1971. He was a pleasant looking, somewhat thin youngster. He moved about the familiar environment with some degree of confidence. He expressed himself verbally. He recognized people who were familiar to him and reacted fairly appropriately with them.

The Maxfield-Buchholz Scale was used again as a basis of comparison, although R was slightly over the top age level for this scale. He obtained a social age of four years and three months, which indicated that in the past two years he had begun to develop at a rate which was normal for his age. He had, of course, not yet made up for the problems which interfered with his development in his early years.

He used language rather well. He handled objects meaningfully. Some atypical behaviors such as mouthing new things, perseverating and needing much structure were noted. It was not possible to use the WISC at this time because of his age and other limitations. On the Merrill-Palmer Verbal Tests he had successes up to Year five. He demonstrated the beginnings of number concepts and counting. He was functioning at the upper level of mild retardation and should be capable of working into a program for educable retarded children.

Western Pennsylvania School for Blind Children Observations and Educational Assessments

R was enrolled in the program in November 1970. His enrollment had been postponed because of illness. He was somewhat cautious but he seemed to enjoy exploring the new environment. He banged objects against his head whenever his attention was not diverted from this kind of stimulation. He repeated phrases heard at home and mimicked words of familiar songs. By January 1971 he was using more appropriate language. He learned to say "yes" and "no" to convey his desires instead of head shakes.

He expressed a fear of freezers and sirens. By having real life experiences such as getting ice cream and ice cubes from the freezer, he learned the function of the objects and talked about his experiences in simple two- or three-word phrases.

He was learning to feed himself. He was not toilet trained; he had to be encouraged to ask to go to the bathroom--otherwise, accidents occurred.

He responded well to positive reinforcement. He learned to clap hands for himself when he did something well.

R seemed to enjoy being with the other children in the special

program, especially playing circle games with them such as Ring Around the Rosie.

By June 1971 his child care worker reported that R seemed to have better control of his body. He went up the stairs without holding the adult's hand. He became more aware of his daily routine and talked about going to the nursery classroom after his nap. He improved the most in the area of communication. He verbalized many of his wants such as "go outside," "play the piano," "want the bell." He started to get a sense of things that belonged to him and began to use "I" and "you."

He was partially toilet trained and was no longer kept in diapers during the daytime.

He used a spoon and fork to feed himself and handled a glass well. He ate larger quantities of food and a greater variety.

He responded to instructional strategies which focused on the development of body image, number concepts, right and left orientation, learning letters of the alphabet and the use of the peg board.

His preschool teacher's June 1971 report emphasized his improvement in verbalization and manipulative activities. He accomplished the following tasks:

1. Spelling his first name.
2. Naming days of the week.
3. Listening to and following directions of songs with specific actions.
4. Stringing large wooden circles (1/2-inch diameter holes).
5. Counting one through four.
6. Identifying objects.

His use of phrases and short sentences was increasing.

Child #15

This six-year-old girl with useful residual vision had been hospitalized numerous times for cataract surgery and for removal of one kidney because of a Wilm's Tumor. The growth of the tumor on the remaining kidney was arrested by radiation treatments and medication. Her teeth were severely impaired from the oral medication. Her medical condition needed to be checked by the family physicians every few months. In the spring of 1971 she was absent due to illness and a tonsillectomy.

Developmental Clinic Report

She was seen at the Developmental Clinic for speech and language testing in January 1971. The Illinois Test of Psycholinguistic Abilities was administered; she remained cooperative throughout the testing session but seemed weak and fatigued. At the chronological age of five years and five months her composite psycholinguistic age was two years and three months. Her only success at the three year level was on the test for auditory association skills.

It was felt by the speech pathologist that she was not a good candidate for speech and language therapy. The pathologist recommended that J's daily educational program should emphasize the development of communication skills through the use of her auditory channel for learning. Speech input should be simple and made while she established eye contact with the speaker.

Western Pennsylvania School for Blind Children Observations and Educational Assessments

According to her child care worker, J performed 78 out of the 95 tasks on the Maxfield-Buchholz Scale in October 1970 and 86 in June 1971.

The nursery school teacher's first semester report stated that she was alert and interested in her environment. She made good use of her hands and her vision as she worked with puzzles, beads, blocks, paints and clay.

Because of her speech difficulties she could not relate what meaning stories, songs and poems had for her. But her shy smile and her enthusiastic physical responses indicated that she understood and enjoyed many of the verbal activities. When she was called upon to recite a rhyme the class was learning, she tried in a humming fashion.

She was interested in her classmates and offered to show them one of her possessions or an article of clothing she was wearing.

In her teacher's second semester report in June 1971 she stated that J had readjusted to school life with relative ease after an absence of six weeks. She verbalized more and her speech showed some improvement, perhaps as a result of the tonsillectomy. She continued to be aware of her classmates and participated in activities with them. She displayed good finger dexterity when using manipulative toys. She showed a keen interest in picture book illustrations and seemed to be responding to visual stimulation.

In the dormitory program she needed physical and verbal assistance with her self-care skills at the beginning of the year and progressed to performing many tasks unassisted or with verbal cues. She needed to have her food cut in small easy-to-chew pieces due to her poor teeth, or she failed to attempt to eat her meal. The development of her language skills was also emphasized in her dormitory program. She enjoyed a role playing game with her child care worker and often requested the game on her own.

Child #20

Developmental Clinic Reports

The psychologist compared this eight-year-old totally blind girl's visits to the Clinic. During her visit in July 1969 she would not cooperate in any way for the psychologist. She was diagnosed by specialists as having severe emotional disturbances. Her early records stated that at twenty-three months of age there was no evidence of intellectual functioning. At that time the results of the Vineland Social Maturity Scale suggested that she had a social age of four months or a social quotient suggestive of profound retardation.

During the May 1970 re-evaluation she showed improvement in terms of relating to people and in interacting with her environment. She had developed speech and the facility for making verbal expression useful to her.

She answered questions from the verbal part of the Merrill-Palmer Scale of Mental Tests equivalent to a three year developmental level at a chronological age of seven.

It was recommended that her program at the School be continued for 1970-71 with an emphasis on socialization and restorative emotional experiences.

During her re-evaluation in November 1971 the Wechsler Intelligence Scale for Children was attempted with her. She was not able to maintain attention long enough for this rather ambitious undertaking. The verbal section of the Merrill-Palmer was administered again, and she repeated words and groups of words and answered specific questions quite well. She had difficulty giving associative kinds of answers to questions. She described the use of simple objects.

Her level of functioning on the test was still below her chronological age.

With her child-care worker as informant, she received a social age equivalent of five years and three months on the Vineland Social Maturity Scale at the chronological age of eight years and six months. Her social quotient at this time indicated mild to borderline retardation. Emotional disturbance was still manifested. However, she had developed skills for acceptance within the School environment. It was recommended that she continue to attend Western Pennsylvania School for Blind Children. Further psychological evaluation should not be necessary in the near future, but another assessment of her functioning was suggested when she would be fourteen or sixteen years old.

Western Pennsylvania School for Blind Children Observations and Educational Assessments

In November 1969 she presented herself as a very primitive child. Emotionally, she was ambivalent and tense. She switched easily from states of laughter to bewildered sobbing or vice versa. Her toleration of the adult's presence vacillated between acceptance and rejection. She learned to ask the adult for specific things such as "candy," "jump," and "keys." Mostly her speech consisted of a primitive jargon and frequent harsh echoic verbalizations such as "go away," "get out," "get your clothes on." Her interests in objects were limited. She heaved most of those presented to her away, but she did enjoy the record player, a box containing different shapes and a lock on the dumb waiter in the makeshift classroom. Two child care workers, one 7 a.m. to 2 p.m. and the other 2 p.m. to 9 p.m., and her teacher developed an individualized program for her by establishing a consistent, nuturant, mothering relationship

with her. Their goal was to develop basic trust and to introduce the School environment to her as a happy and safe place where she could explore and have many new exciting and meaningful experiences.

Her evaluation reports in June 1970 indicated improvement in the areas of social relationships, use of simple verbal expression and self-care skills. She learned to perform tasks on the orientation and mobility scales, on the Kindergarten Evaluation of Learning Potential, and to identify a few sounds and odors. Her individualized program for 1970-71 was based on her successful performances in the above areas. Child care workers continued to provide a consistent, nuturant relationship and to introduce educational tasks of greater difficulty in sequential order.

In June 1971 her evaluation reports indicated academic and emotional progress. The following table presents her performances on the educational assessment scales in June 1970 and June 1971.

Table 7

Pre- and Post-Assessment Scores--Child #20

Assessment Scales or Tests	Number of Items	Pre-Scores June 1970	Post-Scores June 1971	Gain or Loss
Cratty Body-Image	80	28	58*	+30
Lord Orientation and Mobility	25	9	9	-1
Maxfield-Buchholz	95	70	77	+7
Kindergarten Evaluation	64	15	37	+22
Auditory Comprehension	72	5	8	+3

Her child care workers noted in their June 1971 reports that she was able to focus on tasks for longer periods of time and she was able to take care of routine self-care tasks independently. Emotionally she was more able to demand attention when she wanted it and she learned to cry in appropriate situations and to tell why she was crying. She was able to incorporate and use appropriately and to her own advantage new words and phrases.

She seemed to gain confidence and comfort in speaking about her experiences. However, she often confused her wishes with reality. In a one-to-one relationship with her teacher or child care worker she accomplished the following kinds of tasks:

1. Stating the days of the week with an increased usage of the concepts of yesterday and tomorrow.
2. Using various musical instruments, she tapped in a simple rhythm and in a prescribed number of counts. Procedure:
   a. Listen to teacher.
   b. Do it together.
   c. Do it by yourself.
3. Square dancing, she learned the typical elbow turns, slides, etc. and kept good time with the music.
4. Swimming, she learned to enter the water according to directions, to kick her feet in the water, and to float with her child care worker's help.
5. Using her own name and using personal pronouns such as "I," "my," and "mine" more frequently and appropriately.

Plans for her educational program for 1971-72 included participation in a classroom with a program designed for children with complex learning and behavior problems and integration into group activities with other children in the Lower School.

Child #23

This child was evaluated at the Developmental Clinic in the fall of 1970 and was enrolled at Western Pennsylvania School for Blind Children in January 1970. His re-evaluations at Developmental Clinic were thus scheduled a year later in December 1971.

Developmental Clinic Reports

It was the opinion of the psychologist that this partially sighted child (age five and one-half in December 1971) was able to function intellectually and socially much better as a result of the past year's experience. His intellectual development was still behind that which would be expected for children his age; however, he could be classified borderline retarded at this time; certainly educable.

He obtained a verbal IQ score of 69 on the Wechsler Preschool and Primary Scale of Intelligence. He had some difficulties with the comprehension tests which seemed to reflect a problem in understanding what was expected of him.

The Merrill-Palmer was administered for comparison purposes. He had successes through 53 months which was about a year beyond what he was able to do last year. He had direct solutions to problems instead of experimental or trial-and-error approaches. He worked faster and finished some of the more difficult items which were entirely impossible last year. This year, the failures on the Merrill-Palmer could be attributed to motor problems (cerebral palsy) which were not as apparent last year because of his distractibility. The echolalia which was reported formerly was not heard.

M was escorted to the Clinic by his housemother, the housemother for the kindergarten boys. Last year he was the single full-time

responsibility of a child care worker except when he was in nursery school during classroom hours. He obtained a social age equivalent of five years and one month on the Maxfield-Buchholz Scale, with his housemother as informant.

M seemed to work better when the structure and the limits were fairly well defined. If things were relaxed, he tested limits more often and his verbal content was less meaningful. Although distractibility and inappropriate verbal comments were not as much interfering factors this year, they caused some concern about whether or not parallel emotional growth was taking place.

It was recommended that his educational program at Western Pennsylvania School for Blind Children be continued. It was suggested that he may need some special help for emotional stability and opportunities to express his feelings and concerns.

Western Pennsylvania School for Blind Children Observations and Educational Assessments

His nursery school teacher's evaluation report in June 1971 cited improvements he had made during the half year at School. He took a more active part in the recitation of poems and finger play activities. His contributions during conversation periods were more varied and detailed. He often expressed himself imaginatively, pretending to be a fireman, a daddy or a farm animal. He used puzzles, building equipment and manipulative toys and tools well. He was developing eye and hand coordination. He was encouraged to study picture books which he enjoyed and to look for specific details.

His child care worker noted in the June 1971 evaluation that M's echoing language had decreased. He related previous incidents in which he had been involved. He was socializing more and more with students and adults in the Lower School.

He needed, however, to learn how to share toys with other children.

He had learned to perform many self-care skills with little or no assistance. He was to be placed in a regular dormitory program with boys his age and a little older for 1971-72.

Objective C

To organize monthly parent meetings.

Activities

Parents of the thirty children in the Child Development Project were invited to attend nine Sunday evening meetings during the year. Seven of the meetings were group discussion oriented and provided opportunities for the parents to share their experiences and feelings and to meet members of the School staff. Mr. Haskell Hollander, psychiatric social worker and consultant to the parent group, led several discussions and introduced sensitivity techniques. He frequently met with parents individually after the meetings and visited the home of one of the parents on several occasions. Instead of Sunday meetings during the months of December and April, the parents were encouraged to attend the general Parent-Teacher meetings for the entire school on Tuesday evenings during those months. At the March meeting a recommendation to conduct the Parent-Teacher meetings for 1971-72 on Sunday evenings when more parents could attend was passed.

The focuses of the parent meetings were as follows:

September	Informal discussion and introduction of new parents. Parents made suggestions for planning future meetings.
October	Discussion and question and answer period with Dr. David Hiles, pediatric ophthalmologist.

November	"Dynamic Group Experience" conducted by Dr. Ann Ruben, community health consultant.
December	General PTO meeting and holiday program.
January	Discussion led by Mr. Haskell Hollander and presentation of slides of his recent trip to France.
February	Discussion and tour of the School's recreational facilities led by Mr. Charles Boalo, physical education instructor and head of recreational activities for junior and senior high school students.
March	A CIRCUS PRODUCTION presented by children in the Lower School under the direction of Mr. Merle Rager, housefather.
April	General PTO meeting.
May 2nd	Discussion led by Mr. Hollander and Dr. Klineman concerning the children's individualized programs.
May 23rd	Family picnic. While the children played games with volunteers, the parents participated in a discoussion about educational plans for their children during 1971-72. The parents completed evaluative questionnaires.

There was an average attendance of twenty parents at each meeting. A Parent Newsletter was distributed at each meeting or sent home to parents who did not attend the meeting. The Newsletter, edited by Mrs. Josephine Bailey, chairman of the parent group, provided opportunities for parent expression and a means of written communication to many of the parents who found it difficult to attend meetings because of geographic reasons. (See Appendix for a copy of the Newsletter.) Parents were given copies of the self-care check list and suggestions for using positive reinforcement techniques at home.

Evaluations

The following letter was submitted by Mr. Hollander to summarize his reactions to the parent meetings:

As I look back at the past year I was most impressed by the continuity of the program, the relevance of the subject matter to the needs of the parents, and the outstanding leadership provided by Dr. Janet Klineman as she directed the program. It is one thing to plan a program with the members of the group, but it is quite another problem when it comes to implementation. This year offered a fine example of the carrying out of a program that included excellent participation as well as interest in the subject matter.

During the early periods of discussion in the program, there was an underlying layer of depression among certain parents who felt that the future of their children was bleak and hopeless. However, this attitude soon gave way to a general sense of relief and comfort because they discovered that the Child Development Project was making headway and that their children were responding. By the end of the year there was a general concensus that the Staff and the School were giving the students a valuable foundation of learning skills and behavior modification which would eventually open up new vistas of growth and development.

For future consideration it would be beneficial to involve those parents who have children graduating from this program. The alumni could help the parents to understand more fully the problems of transition from one program to another. They could also help in the evaluation of the existing program in light of future challenges. Such insight would alleviate fears and anxieties of many of the parents.

June 13, 1971

At the last parent meeting of the School year, parents were asked to complete a questionnaire to evaluate their reactions to the activities at the parent meetings during the year, to obtain their viewpoints about their children's educational programs, and to obtain suggestions for the next year. Eleven parents returned completed questionnaires. (See Appendix for a copy of the questionnaire.) The parents consistently checked items in the affirmative or from the positive viewpoint. Comments and suggestions made by the parents were most meaningful. The following statements seem to provide the best evaluative information:

I would like a few more meetings throughout the year, as the parents felt the meetings toward the end of the year were warmer and more meaningful because they knew each other better. The meetings helped us learn that we weren't the only ones with problems.

Being able to watch my child and see what he was doing and how he is progressing was helpful. The freeness of coming to school at any time shows the parent that there is nothing being kept from him.

I would like to be able to write at least a few notes in braille. My communication with my child would be better.

I found the parent meetings helpful because we need the help of others to be able to help ourselves. We learn very much from parents who have the same problems.

Dr. Ruben helped me to realize we are all different so our children are all different and they need individual help.

The praise my child receives is wonderful. He really looks forward to being praised when he does something.

I really enjoy the Newsletter.

I would like more projects directly with the child. I would like to learn games to play with him like cards, etc.

Individualized programs are the greatest. The child goes at his own pace with encouragement to go, go!

Objective D

To provide opportunities for staff members in the project to meet with a mental health consultant to discuss problems that might arise due to the implementation of the project.

Activities

Any new project creates changes in a school environment. These changes can be seen as especially unsettling when they involve admitting multiply handicapped students into a school where the regular staff members have not been exposed to eaching these unique students. Therefore, it was proposed that a mental health consultant offer the entire staff of Western Pennsylvania School for Blind Children an opportunity to discuss school problems, including those that might arise due to the changes in the school population. It was felt that an in-service workshop geared to help teachers better understand all students would be helpful in facilitating the implementation of this special project, as well as creating a more mentally healthy school environment.

Dr. Ann Ruben, educational consultant of the Consultation and Education Child Service, Community Mental Health/Mental Retardation Center, met with about twenty-five members of the teaching and administrative staffs of both the Lower and Upper Schools for one hour for six Friday afternoons in the Fall of 1970.

In these large group discussions it seemed as though the majority of the participants was unaware of the value of using a positive approach in the teaching of students. Instead many appeared to advocate that students needed to fail in order to appreciate successes later in life. The group members also expressed many concerns about teaching multiply handicapped children. They also requested more mobility training for their students, which led to special meetings for this purpose. The size of the group appeared to inhibit the interaction of responses among the group members. To insure that the participants would not force Dr. Ruben into the role of a college lecturer, it was recommended that the group be reorganized into two smaller groups. The administrators supported the plan for reorganizing the in-service seminars to promote more open sharing of school problems.

Dr. Ruben sent a letter to each member of the teaching staff in which the following format for the group meetings was stated:

> Those teachers who voluntarily attend will gain a greater understanding of their own behavior so that they can recognize how teachers' behavior affects students' behavior. They will meet as a work group to describe and analyze classroom problems, to define possible alternative solutions to these problems, and to evaluate these solutions as they are applied in the classroom.

Again, almost half of the faculty consisting of twenty-five teachers, teachers' aides and child care workers voluntarily agreed to meet twice a month from January, 1971 through May, 1971. There were twelve persons in one group (Group A) and thirteen persons in the other (Group B). Both groups had staff members from both the Lower and Upper School.

The discussions in both small groups revolved around issues that the participants raised. Classroom problems pertaining to specific children were discussed and resolved. Members learned about the use of behavior modification techniques; a film called "Reinforcement Learning Theory" was shown to both groups; published articles on the open classroom were shared with the group; the members of both groups visited open classrooms located in the Pittsburgh Public Schools.

Evaluations

The group members completed the Minnesota Teachers Attitude Inventory in January and again in May. This inventory can be considered a barometer of teachers' attitudes and student-teacher relationships. Teachers, teachers' aides and child-care workers who scored over 60 (those in the 50th percentile) might be considered persons who have been able to develop the capacity to deal democratically with their students and form positive student-teacher relationships. Participants with scores of 25 or less (those in the 10th percentile) might be seen as persons who have not been able to develop the capacity to deal democratically, but rather deal authoritarianly, with their students and form negative student-teacher relationships. The purpose of administering this inventory was to ascertain the effect of the small group discussions. The test results validated that teachers in both groups improved their scores in a significantly favorable direction (Group A at .005 and Group B at .05 level of significance). This might indicate that the group members had improved their attitudes toward teaching as well as their relationships with their students.

The members of groups A and B were asked to complete an unsigned evaluation of the small discussion group seminar. Nine participants completed the evaluations. Of the six open-ended questions, the most crucial one dealt with the issue of teacher change. When the participants were asked to describe any changes in themselves as classroom teachers, some responded as follows:

> I am now strongly convinced about the need for positive reinforcement techniques and for self-expression.
>
> I'm not talking down to my students so much.
>
> Becoming more aware of the importance that choice has for students in their learning process.
>
> Because of the sessions and sharing of ideas I have gained more confidence in my students' ability to determine their own areas of study and choice of materials. I have gained a great deal of respect for my students' individual interest and consequently have tried to individualize my courses as much as possible. It is also important that students progress at their own rate. The classroom atmosphere has become more flexible and more fun!
>
> After sharing thoughts and ideas with staff members it brings on a spirit to do a better job.

The small group discussions were perceived as being most helpful by many of the staff members who participated in the program. Recommendations were made verbally and in writing that informal seminars for staff members who volunteer to attend should be continued.

IV CONCLUSION

The implementation of the objectives of this project served as a proving ground for the School's commitment to programs for multiply handicapped children. Plans for further development of programs for such children with complex learning and behavior problems, Phase IV for 1971-72, were based on this evaluation and information from the children's case studies.

In addition to participating in regular School activities for children in the primary grades at Western Pennsylvania School for Blind Children, young multiply handicapped children responded successfully to stimulation and training in the following areas:

1. Visual utilization
2. Auditory skill development
3. Orientation and mobility
4. Self-care skills
5. Tactual discrimination

Nine legally blind children with useful residual vision developed the skills for reading large type materials and no longer required braille materials. Preschool children with useful residual vision will receive visual stimulation in the future and their responses will determine whether they will be large type or braille students in first grade.

Evaluations indicated that some children were auditorially oriented for learning. These children were integrated into regular classes as "listening students." They were able to study with their peers and gain information, concepts, and increased vocabularies at higher developmental levels than they could have by using their braille or large type skills.

The children's positive involvement in orientation and mobility instruction at the primary level emphasized the importance of teaching

correct basic techniques to young children in preparation for cane travel in the upper grades.

Using a task analysis approach, children mastered self-care skills of increasing difficulties toward functioning independent of adult physical or verbal help.

Summaries of case studies of seven children who formed the population of a special class and dormitory for children with unusual management problems indicated that the children had made developmental gains. Although the re-evaluations of the children by specialists at the Developmental Clinic of Children's Hospital indicated progress in many developmental areas, the children were still functioning at depressed levels below norms for sighted non-handicapped children of the same chronological ages. They still exhibited, but to a lesser degree, characteristics of children with complex learning and behavior problems. It was possible to administer sophisticated standardized tests in only a few cases for psychological evaluations. However, progress was observed by the Developmental Clinic specialists and the School and project staffs in terms of emotional development, relationships with adults and peers, orientation and mobility, and performance of preacademic and self-care skills. The children responded to individualized care which emphasized task analysis and positive reinforcement approaches. Successful performance of tasks, written in behaviorally oriented terms, were rewarding experiences for both the children and their instructors. Developmental Clinic specialists recommended that the children continue to participate in the highly specialized programs at the School. Further evaluations indicated the need for stimulation and intervention for such children as early in their lives as possible.

Monthly discussion groups provided opportunities for the parents to share experiences and problems concerning their children and to learn about the activities and techniques used in the implementation of the children's individualized programs.

The voluntary participation of staff members in small discussion groups facilitated by a mental health consultant appeared helpful. Evaluations indicated that the group members improved their attitudes toward teaching as well as their relationships with their students.

In summary, 30 children, multiply handicapped in varying degrees, received individualized instruction in the areas of orientation and mobility, communication skills, self-care skills and socialization. They mastered educational and social tasks of increasing difficulty. Some were integrated into regular classroom activities. Modifications were made in the School's regular procedures and instructional approaches to provide programs for multiply handicapped children. The children responded to individualized care which emphasized task analysis and positive reinforcement approaches. Successful performance of small tasks were rewarding experiences for both the children and their instructors. Evaluations indicated the need for intervention, especially for multiply handicapped children, as early in their lives as possible.

V PROJECT STAFF

Project Coordinator

Janet G. Klineman, Ph.D.

Graduate University of Pittsburgh programs for teaching the visually handicapped at the master and doctoral level.

Secretary

Linda Blank

Graduate Bethany College

Child Care Workers

Sheridan Glenn	2 p.m. to 9 p.m.	Undergraduate student
James Lenkner	2 p.m. to 9 p.m.	Undergraduate student
Donna Rogoff	7 a.m. to 2 p.m.	Graduate Hiram College

Part-time Child Care Workers

Alvin Elinow Graduate student Child Care and Development Program University of Pittsburgh

Rebecca Woodward Graduate student Art Education University of Pittsburgh

Consultants

Virginia Besaw, M.S. Instructor Child Development and Child Care Program University of Pittsburgh

Grace Gregg, M.D. Director Developmental Clinic of Children's Hospital

Haskell Hollander, A.C.S.W. Psychiatric Social Worker

Ralph L. Peabody, Ed.D. Professor, Department of Special Education and Rehabilitation University of PIttsburgh

Ann Ruben, Ph.D. Community Mental Health Consultant Western Psychiatric Institute and Clinic

Judith Rubin, M.A. Art Therapist and Instructor Pittsburgh Child Guidance Center and Point Park College

Rex Speers, M.D. Associate Professor of Psychiatry and Medical Director of Arsenal Family and Children's Center

Educational Evaluators

Meryl Newman Graduate student University of Pittsburgh Special Education and Rehabilitation

Delores M. Peabody, M.Ed. Specialist in Early Education for the Visually Handicapped Child

VI DISSEMINATION

This narrative evaluation will be sent to the following professional agencies:

American Foundation for the Blind
Carnegie Library, Division for the Visually Handicapped
Developmental Clinic, Children's Hospital of Pittsburgh
Pittsburgh Child Guidance Center
Pittsburgh Branch, Pennsylvania Association for the Blind
Pittsburgh Regional Office for Blind Services
University of Pittsburgh, Department of Special Education and Rehabilitation and Department of Child Care and Development
Western Pennsylvania Special Educational Resource and Instructional Material Center
Copies will be available for members of the Western Pennsylvania School for Blind Children staff and other interested individuals and agencies.

The director has personally attempted to disseminate information about the Child Development Projects. She has been a guest lecturer at the University of Pittsburgh and has spoken to the various tour groups at Western Pennsylvania School for Blind Children.

Plans for a Pittsburgh Press news article were frustrated in May 1971 when the newspaper staff went on strike.

VII APPENDIX

APPENDIX A

INSTRUCTIONAL STRATEGY FORM

Date December 7, 1970 Student #1 Instructor Miss Fritts
Volunteer-
Independent Study
Project - University
of Pittsburgh - School
of Education

Task

To distinguish between long and short vowel sounds.

Instructional Material

Study book for Beyond Treasure Valley, Page 63.

Instructional Activity

After hearing the words on the audio-flashcard reader, Bill is to tell if they have a long or short sound.

Terminal Criteria

8 out 12 answered correctly. Work on audio-flashcard reader independently.

Reinforcer

Verbal praise, extra listening time.

Evaluation

Bill answered all of the cards correctly and worked alone. He smiled when I told him to work with the audio-flashcard reader. Bill started to work immediately upon sitting down alone. When asked if he got all his answers correct, he said "Sure!". He has a lot of confidence in what he does with the audio-flashcard reader.

INSTRUCTIONAL STRATEGY FORM

Date January 20, 1971 Student #1 Instructor Miss Newman
Student Teacher
University of
Pittsburgh
SE & R Graduate
Program

Task

To discern the sound of "n" in the final syllable.

Instructional Material

Study Book -- Beyond Treasure Valley Vol. 2, p.93.

Instructional Activity

To use the audio-flashcard reader and to insert the cards following the proper sequence as arranged by the instructor.

Terminal Criteria

To answer 6 out of 8 correctly. To work independently.

Reinforcer

Earned listening time, verbal praise.

Evaluation

1. Bill operated the machine independently and preferred to use it without earphones.
2. He enjoyed listening to the answers he made and also used the remaining space on the answer card to make various noises with his voice and feet.
3. Bill made two mistakes; he realized the second one very quickly, erased the card and re-recorded a correct answer. He did not realize the first mistake when he made it but after the lesson, I replayed the card for him and he realized his mistake without much prompting from me.
4. Bill got 7 out of 8 correct on his own and corrected his original mistake when we reviewed the lesson.

PROGRESS REPORT APPENDIX B

Auditory Channel Used as a Learning Mode

Student: _____
Grade Level: _____
Report Period: _____
Subject: _____

Please check a number from one to five to indicate the student's evaluation in each area. A check next to five would indicate "very good." A check next to one means "very poor."

I. Attentiveness

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Comments: _____

_____

_____

II. Participation in Class Discussion

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Comments: _____

_____

_____

III. Comprehension of material

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Comments: _____

_____

_____

IV. Vocabulary Enrichment

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Comments: _____

_____

_____

V. Please list test scores, kinds of tests and methods of presentation and responses. Samples of the tests would be very helpful, if possible.

_____

APPENDIX C

BODY IMAGE OF BLIND CHILDREN

by Bryant J. Cratty and Theressa A. Sams

Screening Test

I. Body Planes

1. Identification of Body Planes (Child Standing)
   a. Touch the top of your head _____
   b. Touch the bottom of your foot. _____
   c. Touch the side of your body. _____
   d. Touch the front of your body (or "stomach") _____
   e. Touch your back. _____

2. Body Planes in Relation to External, Horizontal, and Vertical Surfaces
   (Child is lying/standing on a mat.)
   a. Lie down on the mat so that the side of your body is touching the mat. _____
   b. Now move so that your stomach or the front of your body is touching the mat. _____
   c. Now move so that your back is touching the mat. _____
   d. Here touch the wall with your hand, now move so that your side is touching the wall. _____
   e. Here touch the wall with your hand, now move so that your back is touching the wall. _____

3. Objects in Relation to Body Planes
   (Child is seated in a chair with a box.)
   a. Place the box so that it touches your side. _____
   b. Place the box so that it touches your front (or your stomach). _____
   c. Place the box so that it touches your back. _____
   d. Place the box so that it touches the top of your head. _____
   e. Place the box so that it touches the bottom of your foot. _____

II. Body Parts

4. Body Part Identification: Simple
(Child is seated in a Chair.)
a. Touch your arm. _____
b. Touch your hand. _____
c. Touch your leg. _____
d. Touch your elbow _____
e. Touch your knee _____

5. Parts of the Face
(Child is seated in a chair.)
a. Touch your ear. _____
b. Touch your nose. _____
c. Touch your mouth. _____
d. Touch your eye. _____
e. Touch your cheek. _____

6. Parts of the Body: Complex (Limb Parts)
(Child is seated in a chair.)
a. Touch your wrist. _____
b. Touch your thigh. _____
c. Touch your forearm _____
d. Touch your upper arm. _____
e. Touch your shoulder. _____

7. Parts of the Body (Hands-Fingers)
(Child is seated in a chair.)
a. "Hold up" your thumb. _____
b. "Hold up" your (first) pointer finger. _____
c. "Hold up" your little (pinkie) finger. _____
d. "Hold up" your big (middle) finger. _____
e. "Hold up" your ring finger. _____

III. Body Movements

8. Movements of the Body: Trunk Movement While Fixed (Child is standing.)
a. Bend your body slowly backwards (or "away") from me . . . stop. _____
b. Bend your body slowly toward (or toward the front) me . . . stop. _____
c. Bend your body slowly to the side . . . stop. _____
d. Bend your knees and slowly squat down . . . stop. _____
e. Rise up on your toes . . . stop. _____

9. Gross Movements in Relation to Body Planes (Child is standing.)
a. Walk forward toward me . . . stop. _____
b. Walk backward away from me . . . stop. _____
c. Jump up . . . stop. _____
d. Move your body to the side by stepping sideways . . . stop. _____

e. Move sideways to the other side . . . stop. _____

10. Limb Movements
(Child is standing/lying on a mat.)
While standing:
a. Bend one arm at the elbow _____
b. Lift one arm high in the air. _____

While in a back-lying position:
c. Bend one knee. _____
d. Bend one arm. _____
e. Straighten your arm. _____

IV. Laterality

11. Laterality of Body: Simple Directions
(Child is seated in a chair.)
a. Touch your right knee _____
b. Touch your left arm. _____
c. Touch your right leg. _____
d. Bend over slowly and touch your left foot. _____
e. Touch your left ear. _____

12. Laterality in Relation to Objects
(Child is seated in a chair with a box.)
a. Place the box so that it touches your right side. _____
b. Place the box so that it touches your right knee. _____
c. Hold the box in your left hand. _____
d. Bend down slowly and place the box so that it touches your right foot. _____
e. Hold the box in your right hand. _____

13. Laterality of Body: Complex Directions
(Child is seated in a chair.)
a. With your left hand, touch your right hand. _____
b. With your right hand, touch your left knee. _____
c. With your left hand, touch your right ear. _____
d. With your right hand, touch your left elbow. _____
e. With your left hand, touch your right wrist. _____

V. Directionality

14. Directionality in Other People
(Child is standing.)

Tester is seated facing child. The child's hands are placed on the tester's body parts.

a. Tap my left shoulder. _____
b. Tap my left hand. _____
c. Tap my right side. _____
d. Tap my right ear. _____
e. Tap the left side of my neck. _____

15. The Left and Right of Objects.
(Child is seated in a chair with a box.)

a. Touch the right side of the box. _____
b. Touch the left side of the box. _____
c. With your left hand touch the right side of the box. _____
d. With your right hand touch the left side of the box. _____
e. With your left hand touch the left side of the box. _____

16. Laterality of Others' Movements
(Child is standing.)

a. (Tester is seated with the child. The child's hands are placed on the tester's shoulder.)
Am I bending to my right or left?
(Bend right.) _____
b. (Tester is seated with the child. Child's hands are placed on the tester's shoulder.)
Am I bending to the right or left?
(Bend left.) _____
c. (Tester is seated with his back to the child. The child's hands are placed on the tester's shoulder.)
Am I bending to my right or left?
(Bend left.) _____
d. (Tester is seated with his back to the child. Child's hands are placed on the tester's shoulder.)
Am I bending to my right or left?
(Bend right.) _____
e. (Tester is standing with his front to child. Child stands still.)
Am I moving to my right or left?
(Moves left.) _____

APPENDIX D

ORIENTATION AND MOBILITY SCALE SCORE SHEET*

SHORT FORM

by Francis E. Lord

Name _____ Date _____

_____Blind _____Light Perception ___ _____ ____
Sex Birthdate Age

DIRECTIONS AND TURNS

____ 1. Correctly turns left
____ 2. Describes R-L turns
____ 3. Points out cardinal directions
____ 4. Travels route using cardinal directions

MOVEMENT IN SPACE

____ 5. Points toes in direction of travel
____ 6. Walks with relaxed gait
____ 7. Up steps--alternating feet
____ 8. Down steps--alternating feet
____ 9. Hops--one foot
____10. Hops--alternating feet
____11. Gallops
____12. Skips
____13. Runs freely by himself
____14. Jumps off low wall or bench
____15. Jumps, coordinating body movements

SELF HELP

____16. Demonstrates working part of door
____17. Uses door key
____18. Puts on sweater--unassisted
____19. Buttons sweater
____20. Puts on sweater--one sleeve turned inside out
____21. Puts on belt--fastens
____22. Dials telephone numbers
____23. Identifies simple tools
____24. Uses helping hand efficiently

* Based on U. S. Office of Education Project No. 6-2464

APPENDIX E

INSTRUCTIONAL STRATEGY FORM

Date Feb. 15-19, 1971 Student C (##) Instructor Mr. Lenkner
Self-Care Skills Child Care Worker

TASK

To perform the steps toward making his bed independently.

INSTRUCTIONAL MATERIALS

C's own bed, et al.

INSTRUCTIONAL ACTIVITY

After breakfast C and I spend time making his bed.

TERMINAL CRITERIA

Week of Feb. 15th. To actively help in making his bed; to pull the sheets and blanket with me and smooth them.

REINFORCER

Verbal praise, pat on the back.

EVALUATION

C watched for several days last week while I made his bed. He met terminal criteria this week. He pulled the sheets and blanket with me but very hap-hazardly. His involvement was progress! Except for tapping in class and some obstinate behavior at rest time, this has been a good week.

APPENDIX F

SAMPLE PAGE--SELF-CARE CHECK LIST

Code	
Always	3
Sometimes	2
Never	1

NAME _____ Date Date Date Date

A. Washing

Child:

1. Holds hands under water in basin _____
2. Rubs hands together under water _____
3. Locates soap and rubs it on hands _____
4. Turns on water faucet _____
5. Turns off water faucet _____
6. Washes and rinses hands _____
7. Locates towel _____
8. Dries hands on towel _____
9. Washes hands with direction _____
10. Washes hands without reminder _____
11. Puts towel (paper) in wastebasket _____
12. Hangs towel on hook after using _____
13. Washes face with hands _____
14. Washes face with washcloth handed him _____
15. Dips washcloth in water and washes face _____

APPENDIX G

Case Study Format

1.0 Clinical Information and Recommendations

- 1.1 Clinical diagnostic summary (Date of evaluation)
- 1.2 Medical information
  - 1.21 Early medical history
  - 1.22 Ophthalmological information
  - 1.23 Physical description
- 1.3 Devlopmental history
  - 1.31 Motor development
  - 1.32 Early social development
    - 1.321 Language
    - 1.322 Feeding
    - 1.323 Toilet training
  - 1.33 Social development
  - 1.34 Academic development
- 1.4 Audiological information (Date)
- 1.5 Psychological information (Date)
  - 1.51 Social maturity information
  - 1.52 Intelligence test data
  - 1.53 Recommendations and comments
- 1.6 Psychiatric information (Date
- 1.7 Speech evaluation (Date)
- 1.8 Child development evaluation

2.0 Previous School History

3.0 Educational Pre-Assessments (Date)

3.1 Orientation and mobility

3.2 Modes of learning

3.21 Visual

3.22 Haptic

3.23 Auditory

3.24 Olfactory

3.3 Academic achievement

3.4 Social behavior

3.5 Self-care skills

4.0 Instructional Strategies

4.1 Development and implementation

4.2 Examples of instructional strategies

4.3 Results and interpretations

5.0 Developmental Clinic Re-evaluations (Date)

5.1 Pediatric re-evaluation

5.2 Psychological

5.3 Speech

6.0 Educational POst-Assessments (Date)

6.1 Orientation and mobility

6.2 Modes of learning

6.3 Academic achievement

6.4 Social behavior

6.5 Self-care skills

7.0 Summarization

7.1 Table of pre- and post-assessment scores

7.2 Narrative summary

Appendix H

DEVELOPMENT PROJECT PARENT NEWSLETTER

Vol 2 No 4 Light Through Education March 11, [illegible]

[illegible] BIBLE IN BRAILLE [illegible]

[illegible] by Merle "Rap" Rager

The chain of events surround[illegible] robbery, portray[illegible] evil to the extent [illegible] violence seems insignif[illegible]

[illegible] Dennis Hamme of [illegible] Hill, R.D. #1, is blind [illegible] student at the Western [illegible] School for Blind [illegible] observed. He is an [illegible] and is on the [illegible] team. He attends [illegible] Sunday School at the [illegible] Church of [illegible]

[illegible] his own Bible and especially [illegible] be dream of someday [illegible]

[illegible] Braille [illegible] ordinary [illegible] the [illegible] Testament alone [illegible] Christian volunteer [illegible] decided, for a [illegible] would get him [illegible] Testament. Dennis was [illegible] the Washington [illegible] Branch of The [illegible] Society [illegible] Nashville.

The Bible was delivered [illegible] Dennis, page 3, [illegible]

Tonight's great Circus performance was created and directed by Mr. and Mrs. Merle Rager with the help and cooperation of the Houseparents of the Lower School, the Child Developmen[illegible] Project Staff, and the Parents

The program and list of actors and actresses are included on page 3.

"SPECIAL NOTE FROM THE RAGER'S"

We wish to express our appreciation for all the help given us in preparing for and putting on the Lower School Circus. Parents, Houseparents, Teachers, Teacher's Aides, Child Care Workers, and Volunteers generally threw themselves and all they had to be disposed. Thank you. Thank you, thank you.

A special thanks also for all the children efforts. They all worked so hard and deserve to enjoy every minute of it!

PANTS TO BE MADE

[illegible] Mr. [illegible] Head of Western [illegible] School for Blind [illegible] information for the [illegible] [illegible] Nashville's School for Blind Child[illegible] [illegible] and the children [illegible] looking to the following [illegible] evening activities.

[illegible], the chess [illegible] [illegible] room, the radio [illegible] and the gym where the children were having a [illegible]

"SPECIAL ANNOUNCEMENT"

The next parent meeting will be held April 25, [illegible] A discussion will be led by Mr. Hollander, Mrs. Wasserman and Mrs. Kinneman about your child at school. Please bring your questions.

"THOUGHTS FOR THE FUTURE"

[illegible] by Judie Sadler

"Think of your life as [illegible] may occur with every [illegible] the sun. Just because the past has cancelled [illegible] all your yesterdays. [illegible] these sleepy [illegible] will with today."

This quote from Dale Carnegie [illegible] to think of such [illegible] [illegible] and to forget [illegible] be sad.

[illegible] [illegible] [illegible] [

[illegible] continued

[illegible] a care for [illegible] time of pre- [illegible] number placed [illegible] and loaned it [illegible] was broken into [illegible] apparently an effort was [illegible] the car. Being [illegible] due to an ignition [illegible] be brief or the thieves [illegible] with the cartons [illegible] the thieves [illegible] discovered that their [illegible] of it to be value to [illegible] and discarded the [illegible] along Route 30, possibly [illegible] a waiting vehicle.

[illegible] after an alert florist [illegible] was on his shop in Glen [illegible] spotted one of the [illegible] on the roadside near [illegible] Rte. He retrieved the [illegible] and very thoughtfully [illegible] it to the Association [illegible] the Blind whose address was [illegible]

[illegible] came to pass, a [illegible] Good Samaritan passing [illegible] sighted the two remaining [illegible] on the roadside some [illegible] from where the first [illegible] had been found. He too [illegible] them to the Blind [illegible] in as much as [illegible] witnesses of the robbery [illegible] was happening, it seems [illegible] significance at the [illegible] outside.

[illegible] the good Lions [illegible] volunteered to care for [illegible] showed [illegible] [illegible] considerable [illegible] can be counted [illegible] lives of the books the [illegible] notified the police [illegible] [illegible] is all the happier [illegible] to be able to be of [illegible] [illegible] page 2, column 3)

[illegible] covery of books.

[illegible] was just as quick as the police were [illegible] action, so did the Lions Club and the over-[illegible] operative association for the Blind. Some of the volumes had been damaged by the rain that had fallen for several days. Replacements were ordered and received.

On the evening of March 7, the Seminary Hill Lions Club presented Jimmie with his Bible in Braille. What a sight for both [illegible] eyes.

The offending dead end had been awarded by the kind deeds of an [illegible] man. A dual commendation [illegible] Club, the mayor of Leslie and [illegible] bringing to these kind [illegible] praises, the two Good Samaritans who found and returned the books, a most appreciative staff of the Association for the Blind and the police who are still working on the case not only helped in making all this happen, but also impressed all have been inspirational in the growth of Jimmie's love and concern for mankind, and to [illegible] the rest of us

[illegible]

"[illegible]"
by Ruth Faust

[illegible] a robin [illegible] today
After the rain was over
His heart swelled out in [illegible]
song
Of [illegible] the sky and trees
He sang so long, so sweet, so
gay
His bright [illegible] [illegible]
[illegible] forget the [illegible]
away.
I'm [illegible] glad when I [illegible]
The [illegible] hope of his [illegible]

[illegible] continued page 2, column 3)

[illegible] the sun shone after [illegible]
And after winter, spring

"QUOTABLE QUOTES FROM A [illegible]
A SAMARITAN SAG"
(Continued from page 1

"The position one attains in life after depends upon [illegible] position."

"Disagree if you must, [illegible] never be disagreeable in doing so."

"Refusing to be when [illegible] usually brings you double praise."

"Nobody is good or bad [illegible] body is good and bad."

"Anytime you [illegible] you can't [illegible] [illegible] ing."

"Arguments [illegible] one usually [illegible]

"Quite often it is the [illegible] can do [illegible] most."

"Cultivate good habits. [illegible] work hard for [illegible]

"One [illegible] [illegible] [illegible] is to be one."

"THE SUGGESTION BOX"

We want your ideas and [illegible]

Appendix I

TITLE I E.S.E.A. 89 313

WESTERN PENNSYLVANIA SCHOOL FOR BLIND CHILDREN SCHOOL YEAR PROGRAM 1970-71

PARENT QUESTIONNAIRE

The government requires evaluations of all activities with a funded project. This information will be very important for the planning and funding of future programs. Your names will be omitted from any reports.

A. As a parent which meeting or meetings had the most value in further helping you understand your child's needs both at home and at school?
Please check (✓) the program or programs
Please mark a circle (O) if you were unable to attend.

1. Informal discussion meeting and introduction of new parents in September with Dr. Klineman, Mrs. Baxter, and Mr. Boalo. _____

2. Discussion and question and answer period during the October meeting with pediatric opthalmologist, Dr. David Miles. _____

3. The "Dynamic Group Experience" in November, which was conducted by Dr. Ann Ruben, Community Mental Health consultant. _____

4. Slides of Mr. Haskell Hollander's trip to France in January and group discussion. _____

5. Tour of the recreational facilities by Mr. Charles Boalo of the Western Pennsylvania School for Blind Children staff in February. _____

6. The discussion led by Mr. Hollander, Mrs. Wassermann, and Dr. Klineman on May 2nd concerning the school program for 1971-72. _____

7. The family picnic on May 23rd and discussion about your child as a special student at Western Pennsylvania School for Blind Children. _____

Please list any suggestions you may have for programs which would be meaningful to you next year.

_____

_____

_____

B. As a parent of a handicapped child how did these programs help you?

Check yes or no to the following statements and please add any other comments that will help us help you and your child and improve the program.

1. As a parent I was made to feel that I was a most important person in co-operating with the school staff to facilitate my child's educational and emotional development. Yes _____ No _____

Other Comments _____

_____

_____

2. As a parent of a handicapped child I found the group discussions with other parents valuable because I realized that other parents were having problems too. Yes _____ No _____

3. As a parent I found the group discussions valuable because it was good to be able to talk about our problems and try to solve them ourselves. Yes _____ No _____

4. As a parent I found the group discussions not valuable because I felt hesitant about sharing my thoughts with others. Yes _____ No _____

5. As a parent I found the group discussions not valuable because my child's handicap is something that I must live with alone. Yes _____ No _____

Other Comments _____

_____

_____

6a. As a parent of a visually handicapped child, I was able to understand more about my childs eye condition after hearing Dr. Hile's discussion. Yes _____ No _____

b. I now understand the value of trying to train children to use any remaining vision and to gain visual imagery. Yes _____ No _____

7. After the presentation about recreation by Mr. Charles Boalo of the Western Pennsylvania School for Blind Children staff and after the tour of the school's recreational activities, I have a better understanding of my child's recreational needs and of games and activities that I can play or do with my child. Yes _____ No _____

Other Comments _____

_____

_____

8. As a parent of a visually handicapped child, the children's circus performance was a good example of how young blind children can participate in similar activities to those of non-handicapped children. Yes _____ No _____

Other Comments _____

_____

_____

9. After Dr Ann Roben's discussion I have a better understanding of my attitudes toward people and a better appreciation that all of us are different and that we need individual differences in our society
Yes _____ No _____

Other Comments _____

_____

_____

10a. After Dr Janet Klineman's discussion about plans for next year, I have a better understanding of the individualized programs which are being developed Yes _____ No _____

b. I gained insight about my child's performance in school after visiting during a school day and observing him. Yes _____ No _____

c. I plan to observe my child during a school day next year. Yes _____ No _____

Other Comments _____

_____

_____

C As a parent of a handicapped child did the meetings provide opportunities for you to express your feelings and to ask questions? Yes _____ No _____

1. As a participating parent did you feel that you had ample time to ask questions? Yes _____ No _____

2. Did you feel that your questions were fully answered? Yes _____ No _____

3. Which person or persons who regularly attended the meetings provided you with helpful information and support?

_____ Mrs. Josephine Bailey - Chairman of parent group.

_____ Mr. Haskell Rollander - Consulting Social Worker.

_____ Mrs. Kathyrn Wassermann - Western Pennsylvania School for Blind Children Social Worker.

_____ Dr. Janet Klineman - Director of Child Development Project.

Other Comments _____

_____

_____

4 Which parent or family member was most helpful in his or her participation in the group activities? _____

D. Did the Parent Newsletter provide a meaningful means of communication?

1. Did the Newsletter provide you with information toward a positive but realistic approach about the education of your children? Yes _____ No _____

Other Comments _____

_____

_____

2. Did the Newsletter provide suggestions for helping your child perform tasks at home? Yes _____ No _____

Other Comments _____

_____

_____

3. Please state any suggestions you might have for the Newsletter next year

_____

_____

_____

E As a parent of a handicapped child did you find reinforcement techniques helpful? Yes _____ No _____

1. Would you like more information about the use of positive reinforcement? Yes _____ No _____

Other Comments _____

_____

_____

2. Do you feel that your child found learning to be a rewarding experience through the School's use of reinforcement techniques such as the tickets for the "store" each week? Yes _____ No _____

Other Comments _____

_____

_____

F. As a parent of a handicapped child I have found the Check List for Independent Living Skills helpful because:

1. I found that the check list provided me with tasks that my child was doing or learning to do at school so that I could also help him to do these tasks at home. Yes _____ No _____

2. I found the check list helpful because it divided skills of daily living into simple tasks that I can teach my child to do. Yes _____ No _____

3. I found the check list of little value. Yes _____ No _____

Other Comments _____

_____

_____

G. Would you like the braille class continued next year? Yes _____ No _____

1. If so, what suggestions do you have to satisfy your needs for braille

_____

_____

_____

2. Please check if it applies or fill in comments

a. A review of the braille alphabet _____

b. Use of the slate and stylus _____

c. Knowledge of most common contractions _____

d. Reference books for self-instruction _____

e. Other comments _____

_____

_____

H. Please state any suggestions you might have for the Project next year

_____

_____

_____

_____

_____

3/4/2011
T 222712 5 24 00
HF GROUP – IN